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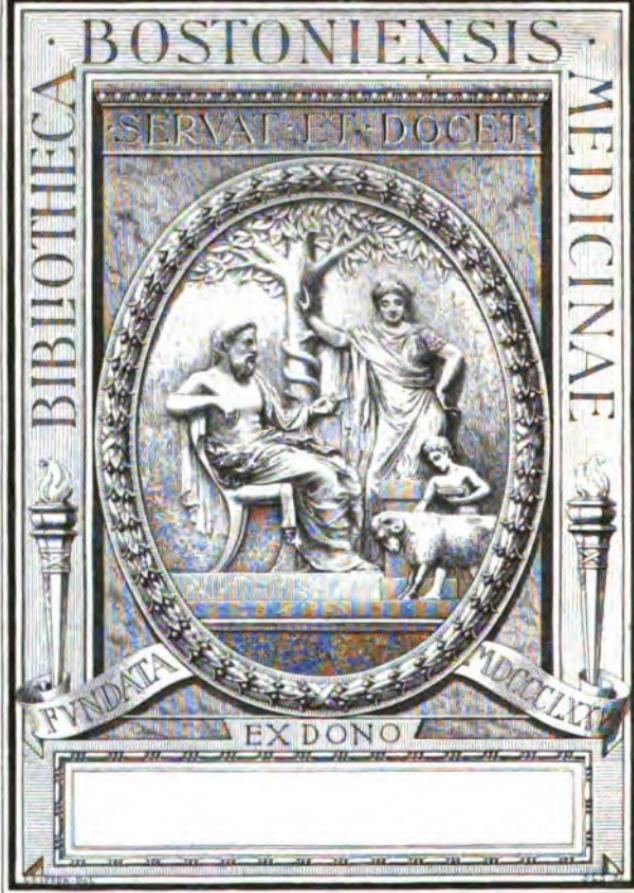
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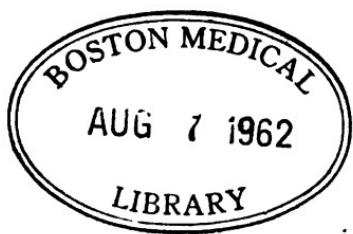
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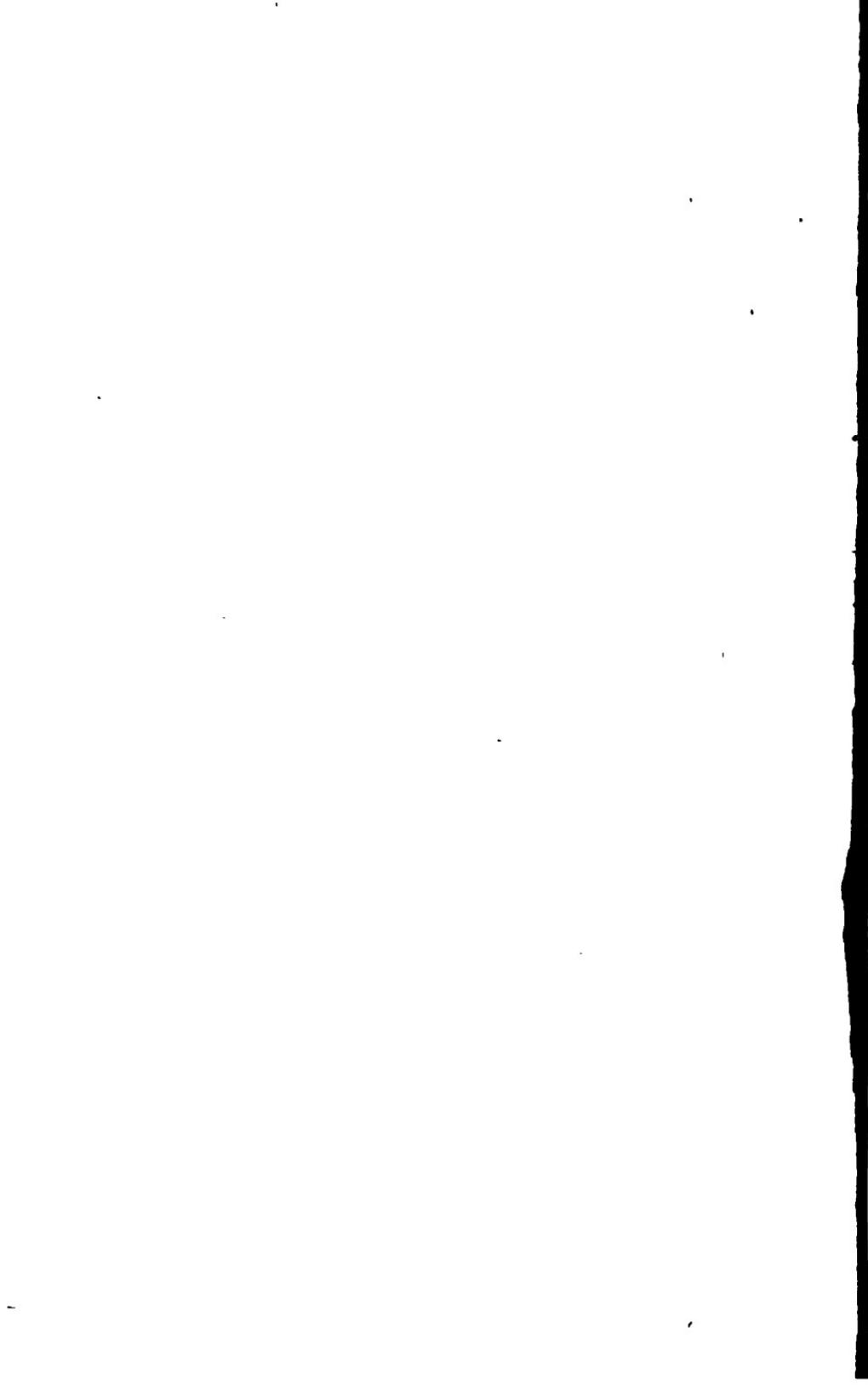
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PROCEEDINGS
OF THE
FLORIDA MEDICAL ASSOCIATION, 1890.

COMPLIMENTS OF

J. D. FERNANDEZ, Secretary,
Jacksonville, Fla.

J. H. DOUGLAS, Librarian,
Jacksonville, Fla.

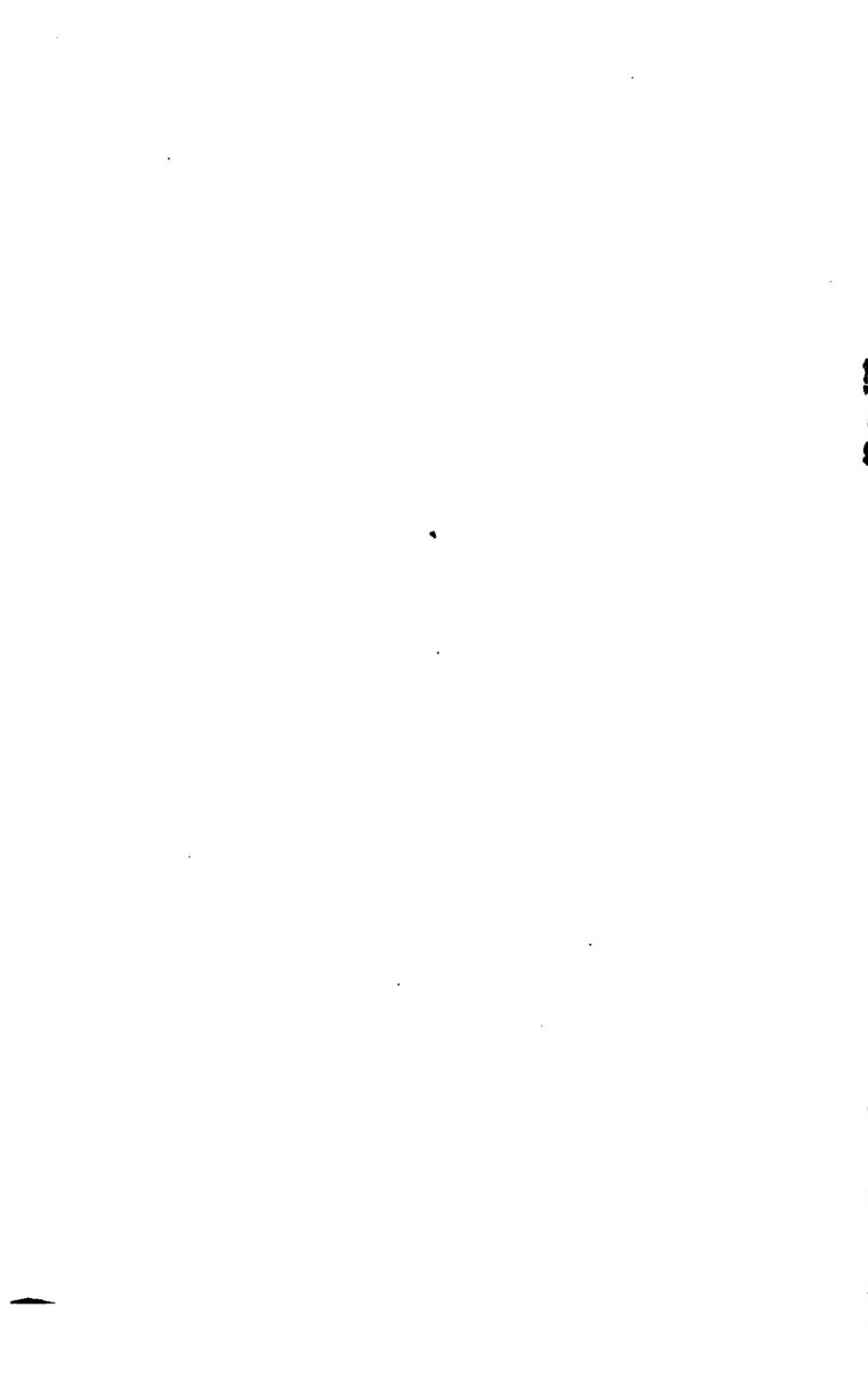
VGS

PLEASE EXCHANGE.

Florida Medical Association.

SESSION OF 1890.

Jacksonville, Fla.:
DaCosta Printing and Publishing House,
1890.



PREFACE.

The Committee on Publication, in presenting this pamphlet to the members of the Florida Medical Association, regret that some delay in issuing it has occurred from the difficulty experienced in obtaining copies of some of the papers read at the last meeting and referred to this committee.

The members do not appear to fully appreciate that their work, after being presented to the Association, virtually becomes the property of the latter. When such papers are published in the annual volume of "Transactions" they are not necessarily "buried," but all—medical journals as well as medical men—are free to use and profit by them.



FLORIDA MEDICAL ASSOCIATION, 1890.

OCALA, FLA., April 8th, 1890.

The Florida Medical Association met in the city of Ocala at 3 p. m. and was called to order by the chairman of the Committee of Arrangements, Dr. Thos. P. Gary, who requested the Rev. Mr. Lee to open the meeting with prayer. Dr. Gary then, as mayor of the city of Ocala, extended a warm and hearty welcome to all of the members and others attending this meeting. Dr. Webb, of St. Augustine, replied in fitting terms in behalf of the Association.

Dr. R. A. Lancaster, President, announced that the Association was open for the transaction of business, and appointed Drs. H. R. Dubois, N. P. Phillips and R. H. Dean a Committee on Credentials. After a short recess this committee made the following report:

Delegate from Escambia County Medical Society, Dr. J. H. Pierpont; delegate from Osceola County Medical Society, Dr. J. Peeler; delegates from Alachua County Medical Society, Drs. N. B. Cloud, W. C. Johnson and J. H. Hodges; delegates from Marion County Medical Society, Drs. E. Van Hood and T. J. Meyer; delegate from St. Johns County Medical Society, Dr. DeWitt Webb; delegates from Duval County Medical Society, Drs. F. D. Miller and P. J. Stollenwerck.

On motion, the report was received and the committee continued.

Reading of the minutes of last session was, on motion, dispensed with, as they were printed in annual proceedings.

The roll was then called and the following members answered to their names:

Drs. F. H. Caldwell, R. H. Dean, H. R. Dubois, G. A. Dwelly, J. D. Fernandez, Thos. P. Gary, J. T. Green,

M. Kenedy, R. A. Lancaster, D. J. McRae, W. V. Newsom, W. R. O. Veal, N. D. Phillips, J. M. Samuel, P. H. Strausz, S. Stringer, J. N. Taylor, Jno. P. Wall, DeWitt Webb and Henry Bacon.

Immediately after the roll call, Dr. Frank H. Caldwell arose and made brief but touching remarks on the absence of our Secretary, Dr. A. W. Knight, deceased. That Dr. Knight had long filled the position of Secretary, and that his genial smile and pleasant countenance were lost to us forever, and, as a slight token to his memory, moved that the Association adjourn until 8 P. M. Motion was seconded and carried.

The Association met pursuant to adjournment at 8 P. M. The President in the chair. Minutes of previous meeting read and approved.

The President then read his annual address, which was listened to with marked attention, and after its completion Dr. Fernandez moved that a committee be appointed, by the Vice-president, to consider the President's address and report on same. This was carried, and Drs. Gary, Caldwell and Fernandez were appointed as said committee.

Dr. Dwelly, of Ocala, moved that Dr. Chetlock and Dr. Lyons, of Indiana, be invited to seats on the floor of this Association, which was carried.

The Committee on Credentials asked for information in regard to who are eligible to membership in the Association. The President stated that members of the Association shall be physicians in good standing and graduates of some reputable medical college. The matter was discussed by Drs. Wall, Gary, Caldwell, Porter, Webb and others, the discussion taking a wide range. Dr. Dubois appealed from the decision of the chair. The sense of the house, after a lengthy discussion, was taken, and the decision of the chair sustained.

It was moved and carried that a Committee on Necrology be appointed to act on the death of Drs. A. W.

Knight and J. A. Alexander. The President appointed Drs. Dean, Webb and Merrell as said committee.

The election of a permanent Secretary was then, upon motion, entered into. Dr. R. H. Dean, of Leesburg, was nominated for the position, and the Secretary was authorized to cast the ballot, which was in the affirmative, and Dr. Dean was declared duly elected.

Reports of officers and standing committees were then called. Dr. J. M. Jackson, Jr., chairman of the Committee on Ethics, reported that said committee asked further time, and would report to-morrow.

The Committee on Accounts, through its chairman, Dr. Bacon, also asked further time to make a report. Dr. Caldwell, chairman of Committee on Publication, reported that the bill for publishing the proceedings for the past year had been paid without consulting the committee. The Treasurer stated that the bill had been approved by the former Secretary, and hence he had paid it.

Dr. Gary, chairman of the Committee on Arrangements, reported that the committee extended to the Association an invitation to go on an excursion to Blue Springs Homosassa, etc., on Thursday, the 10th, and that they had secured reduced railroad and hotel rates, etc.

Dr. Webb moved that a vote of thanks be extended to Dr. Gary and the Marion County Medical Society for the hearty reception and welcome extended to this Association, which motion was duly adopted.

Dr. Caldwell moved that 8 o'clock to-morrow night be set aside for the discussion of matters pertaining to the State Examining Board. This, on motion, was changed to 2 o'clock P. M., Wednesday.

Dr. Fernandez stated that Dr. A. T. Cuzner, of Jacksonville, though not a member of the Association, was present, and desired to read a paper before the body, and moved that an opportunity be afforded the gentleman to do so on to-morrow, when the regular order of papers shall be taken up. This motion was adopted.

The following gentlemen were nominated for membership and their names handed to the Committee on Credentials:

Dr. D. C. Judson, of Melbourn; Dr. N. A. Williams, of Macon; Dr. O. E. Worcester, of Conant; Drs. C. R. Oglesby, H. L. Simpson and W. E. Anderson, of Pensacola; Drs. S. W. Moody and J. M. Thompson, of Ocala; Dr. J. D. Bennett, of Crystal River; Dr. Andrew McBride, of Citra; Dr. George E. Shuey, of McCleenny; Dr. J. H. Douglass, of Jacksonville; Dr. R. T. Walker, of Cedar Key, and Dr. A. A. Alston, of Belleview.

It was moved and carried that the Secretary cast the ballot for the above named gentlemen. The ballot being cast in the affirmative for each, they were declared duly elected. On motion, Association adjourned to Wednesday morning, 9 A. M.

MORNING SESSION—SECOND DAY.

WEDNESDAY, April 9th.

The Association met pursuant to adjournment at 9 A. M., with the President in the chair. The minutes of previous session were read and approved. The Committee on Ethics, through Dr. J. M. Jackson, Jr., of Bronson, made the following written report (see Appendix, B). This report was received and referred to the Publishing Committee.

The Committee on Necrology, Dr. Webb, chairman, then reported on the death of Drs. A. W. Knight, of Jacksonville, and J. A. Alexander, of Citra. Report referred to Committee on Publication. (See Appendix, C.)

Dr. Daniel, chairman of Committee of State Board of Health, made the following report (see Appendix, D).

Which was received, referred to Committee on Publication, and committee discharged.

A telegram was received by the Secretary from the Florida Pharmaceutical Association, in session at Tampa, sending greetings and asking when and where the next meeting of the Florida Medical Association will take place.

The Secretary was authorized to answer the same, whenever the place and time of meeting was decided upon. The consideration of the place for the next meeting was then taken up, and Dr. Pierpont, in a few appropriate words, extended an invitation from the Escambia County Medical Society to have the State Association meet in Pensacola at its next session.

Dr. Daniel extended an invitation to the Association to meet in Jacksonville. Dr. Wall, of Tampa, did the same for Tampa, taking the ground that it is a more accessible place, and that more members on that account will attend. It was moved and seconded that the place for the next meeting be selected by ballot.

Drs. Johnson and Hodges were appointed tellers. The vote being polled, it was found that Pensacola had received a majority of the votes, and this decision was, upon motion, made unanimous.

The time of meeting was then discussed, and it was finally decided that it should be on the second Tuesday in April, 1891.

Reports from County Medical Societies were then called for. Dr. Hodges, Secretary of the Alachua County Medical Society, made the following report, which was referred (see Appendix, E).

Dr. Pierpont made a verbal report from the Escambia County Medical Society. He stated that apathy had existed in his county, and the old society had gone out of existence—last year this society was reorganized with fourteen members, and it is now in a flourishing condition, and holds meetings twice a month.

Drs. Miller and Stollenwerck, delegates from Duval County Medical Society, being absent, no report was made from that county.

Dr. Peeler, from Osceola County, reported that a society had recently been organized with four members, which includes all the regular members of the profession in his

county. They have no stated meetings, but meet when they can, and the society is getting along very well.

Dr. E. Van Hood, Secretary of Marion County Medical Society, being absent, Dr. Gary, the President, made the following report: That interest in the society languishes, as it is composed principally of country physicians and it is difficult for them to get together, but they have stated meetings, and the profession of the county is a unit.

Dr. DeWitt Webb, of St. Johns County Medical Society, reported that six members constituted their membership. That the society had sent to the Committee on Ethics a question of ethics, which had arisen among them relating to physicians taking contract practice. This matter has been reported on by the Committee on Ethics. (See report of same.)

The resignation of Dr. F. H. Caldwell, as Librarian, was read and accepted. Dr. J. H. Douglas, of Jacksonville, was nominated and duly elected to fill the vacancy. Bill of retiring Librarian, \$4.58, was ordered paid.

Dr. Dean, elected Secretary at yesterday's session, arose and said that he could not hold the office, that his time and health would not permit, and therefore resigned.

His resignation was accepted, and Dr. Fernandez was nominated for the office, and duly elected.

The Treasurer then made his annual report for the year 1889. (See Appendix, A.)

This report was received and approved and referred to Committee on Publication.

The Treasurer also read a letter from Dr. C. J. Kenworthy, tendering his resignation as a member of this Association, which was, on motion, received.

The Secretary read a letter and presented a bill from Dr. L. J. Burton; the latter covering expenses to Tallahassee on Board of Health Committee. On motion of Dr. Strausz, the bill was ordered paid.

Dr. J. D. Fernandez then introduced the following resolution, which was carried unanimously:

Resolved, That hereafter no bills will be paid by this Association for services rendered by any of its members in connection with the interests of this body, unless by special order.

On motion of Dr. Strausz, the Committee on Board of Health was tendered thanks for services rendered.

On motion, Drs. W. A. Spence and J. D. Mitchell, of Jacksonville, were elected honorary members and relieved from payment of dues.

The following resolution, introduced by Dr. Stringer, was adopted:

Resolved, That the Secretary be required to ascertain from the members of this Association the date of their graduation, the name of the college at which they graduated, and to place the same opposite their respective names on the Constitutional Roll.

The Committee on the President's address made the following report :

Ocala, Fla., April 9th, 1890.

Florida State Medical Association:

Your committee, to whom was referred the able and interesting address of your worthy President, beg leave to make the following report :

Upon a careful examination of same, we find only one or two points requiring any legislation thereto at this meeting.

On page 6, section 5, the proper remuneration of physicians as experts. This being a judicial question, definitely settled by the several Supreme Courts of various States, cannot be influenced or amended by any suggestions on our part as an Association, to the law-makers of our State. We feel our Legislature should provide for our protection, but they have repeatedly refused to do so.

Page 7, section 2, has already been provided for, and committees will report. The character of the address being sanitary and legislative, would suggest that copies be forwarded to our representatives of the State Legislature, and to our State Board of Health for their consideration.

THOS. P. GARY, *Chairman.*

The report of the committee was accepted and committee discharged.

The Association then went into the election of officers for the ensuing year, with the following result:

President—Dr. Thos. P. Gary, of Ocala.

1st Vice-President—Dr. S. Stringer, Brooksville.

2d Vice-President—Dr. J. Harris Pierpont, Pensacola.

Librarian—Dr. J. H. Douglas, Jacksonville.

Secretary and Treasurer—Dr. J. D. Fernandez, Jacksonville.

The delegates to the American Pharmaceutical Association were continued.

Dr. R. P. Daniel then read a very able and interesting paper on State Board of Health, which, on motion, was referred to the Publication Committee, and the thanks of the Association were tendered to Dr. Daniel. (See Appendix, G.)

The retiring President then appointed Dr. F. H. Caldwell a committee of one, to conduct the newly elected President to the chair. On taking the same, Dr. Gary thanked the Association for the honor conferred upon him. Said that he saw many members of the Association present who had been connected with it longer, and had labored harder to promote its interests in the past than he had, but he felt that there were none present who would do more to further its prosperity in the future than himself.

On motion, the Association adjourned until 2 p. m.

SECOND DAY—AFTERNOON SESSION.

The Convention was called to order at 2:25 p. m., President Gary in the chair.

On motion, 8 p. m. was made a special hour for hearing reports from Medical Examining Boards.

A bill of Dr. R. A. Lancaster, for expenses for the past year in connection with his official duties, amounting to \$23.00, was ordered paid.

Reports of Standing Committees being called for, President Gary responded as chairman of Section on Medicine, with a paper entitled, "The Selection of Remedies," the reading of which was listened to with marked interest, and, on motion, was referred to the Publication Committee. (See Appendix, H.)

Dr. F. H. Caldwell, chairman of Committee on Surgery, read a paper on "Railroad Surgery." (See Appendix, J.) It was listened to with marked attention, and referred to the Committee on Publication, after being discussed by Drs. Wall, Webb, Strausz and others.

Dr. N. D. Phillips, chairman of Section on Gynecology, presented an able paper on the above subject, which, after being read, was referred to the Publication Committee. (See Appendix, K.)

Dr. Jos. Y. Porter, chairman of Section on State Medicine, presented a paper on State Medicine which was read in his usual effective manner, and was listened to with interest, and, at its conclusion, the same was referred to Committee on Publication. (See Appendix, L.)

On motion, a special committee was appointed on *Nomenclature*, with instructions to report at the next annual meeting. The President named Drs. Porter, Caldwell and Phillips as members of same.

Dr. J. D. Fernandez presented a paper on "Microscopic Aid to Diagnosis," which was listened to by the members of the Association with appreciative attention; he also presented some specimens for inspection, which were examined with pleasure and profit by the members. (See Appendix, M.)

The following resolution was proposed by Dr. Daniel:

Resolved, That Article 10 of the Constitution be amended so as to substitute the word "three" for "five" in the second line, next to the last word in the line.

Dr. J. P. Wall, chairman of Section on Obstetrics, read an able and instructive paper entitled "Puerperal Convul-

sions." After some discussion the paper was referred to the Publication Committee. (See Appendix, N.)

A volunteer paper by Dr. Cuzner, subject, "Epidemic Influenza," was then read by that gentleman and listened to with a great deal of interest. A vote of thanks was tendered Dr. Cuzner for his paper, and it was ordered referred to the Publication Committee. (See Appendix, O.)

A volunteer paper by Dr. Van Hood, entitled "Gunshot Wounds," was read, and, after some discussion, referred to the Publication Committee. (See Appendix, P.)

The following committees for the ensuing year, were then appointed by the President:

COMMITTEES ON SECTIONS.

1. Medicine: Dr. J. F. McKinstry.
2. Surgery: Dr. F. F. Smith,
3. Gynecology: Dr. S. Stringer.
4. Hygiene: Dr. Jno. P. Wall.
4. Diseases of children: Dr. R. H. Dean.

COMMITTEE ON PUBLICATION.

Drs. R. P. Daniel, A. J. Wakefield and P. J. Stollenwerck.

COMMITTEE ON ACCOUNTS.

Drs. J. D. Fernandez, F. H. Caldwell and Solace Mitchell.

COMMITTEE ON ETHICS.

Drs. DuBois, M. Kenedy and Phillips.

COMMITTEE ON ARRANGMENTS.

Dr. Pierpont, chairman, with power to add.

ORATOR.

Dr. DeWitt Webb.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

Drs. S. Stringer, R. A. Lancaster, P. H. Strausz, J. P. Wall, F. H. Caldwell, DeWitt Webb, M. Kenedy, J. N. D. Cloud, O. E. Worcester and G. V. Newsom.

The following preamble and resolution was introduced by Dr. Jno. P. Wall, and adopted by the Association.

WHEREAS, There seems to be some difference of opinion with regard to the construction of the act "To regulate the practice of medicine and establish Medical Examining Boards" among the several Examining Boards, be it, therefore,

Resolved, That it is the sense of the Florida Medical Association that, in the true interpretation of the act referred to, the Medical Examining Boards have no right to examine any applicant except upon the production of a Diploma, or to issue a certificate to any practitioner unless he is a graduate of medicine.

Dr. Fernandez moved that the resolution of Dr. Wall be printed at once, and a copy be sent to each member of the Association and all the members of the Examining Boards. And the expense of the same be borne by the Association. Which resolution was adopted.

On motion, the Association adjourned until 8 p. m.

NIGHT SESSION.

The Association met, pursuant to adjournment, at 8 p. m. President Gary in the chair.

Minutes of the previous session were read and approved.

Reports from the Examining Boards were then called for.

Report from the first judicial district was read and, on motion, received. The second and third districts were not represented. Report from the fourth district was made by Dr. Fernandez. Report from the fifth district was made by Dr. Strausz. Report from the sixth district was made by Dr. M. Kenedy. And report from the seventh district was made by Dr. Caldwell.

These reports led to a lengthy discussion on the part of the different members of Examining Boards present and members of the society, after which the Association adjourned to meet at the train to-morrow morning to accompany Dr. Gary and the Marion County Medical Society to Homosassa.

HOMOSASSA, FLA., April 10, 1890.

At an impromptu meeting of the members of the Florida State Medical Association in the parlors of the Willard Hotel, the following resolutions were unanimously adopted:

First, That the thanks of this Association are due and are hereby tendered the Marion County Medical Society for their uniform kindness and generous hospitality in furnishing a free excursion to the phosphate works—Blue Springs, Dunnellon and Homosassa.

Second, That we are indebted to Dr. Thos. P. Gary, President of this Association, for a sumptuous and bountiful banquet, furnished the Association and many friends at the beautiful hotel, over which the genial and urbane Capt. A. E. Willard presides as host—a host within himself.

Third, That we are under many obligations, and hereby tender thanks, to Hon. Jno. F. Dunn, who accompanied us, and extended many courtesies and attentions, in showing us the method of mining and shipping phosphate rock from the world-renowned beds near Dunnellon, as well as showing us the beauties of Blue Springs, Dunn's Bluff and Homosassa.

Fourth, That we heartily express our appreciation of the kind hospitality extended to us by the citizens of Ocala and especially the hotels of the city, and to those railroads who extended the courtesy to us of reduced rates.

Fifth, That the Association also extends their thanks to the State Press for the full and faithful report of the proceedings of this Association.

DR. S. STRINGER
DR. G. A. DWELLY,
DR. N. D. PHILLIPS,
Committee.

EVENING SESSION—8:30 P. M.

OCALA, FLA., April 10, 1890.

The meeting was called by President Thos. P. Gary in the chair, at 8:20 p. m. The President at once called upon the Orator, Dr. F. F. Thomas, who addressed the Association with a very interesting paper upon "The

true physician and his relations to his fellow-man." (See Appendix, F.)

Dr. Lancaster made a motion that the thanks of the Association be tendered Dr. Thomas for his interesting and able address, and that a copy of the same be handed to the Publication Committee for publication; which motion was carried.

The following named gentlemen were then elected to membership in the Association: Dr. R. G. Gamble, of Tallahassee, Fla.; Dr. J. Z. Cravey, of Pensacola, Fla.; Dr. E. C. Dunklin, of _____.

The following resolution was offered by Dr. Jno. P. Wall, of Tampa:

Resolved, That the several Medical Examining Boards of the State are respectfully requested to meet in Pensacola at the time of the next annual meeting of this Association, so as to insure uniformity of action, and see what, if any, new legislation is necessary.

Which was adopted.

On motion, the resolutions introduced by the committee appointed at Homosassa were adopted.

A motion was offered by Dr. Lancaster that this Association do adjourn to meet in Pensacola, Fla., on the 2nd Tuesday of April, 1891. Which was carried.

At 9:15 P. M. the Association adjourned *sine die*.

J. D. FERNANDEZ, *Secretary*.



APPENDIX.



PRESIDENT'S ADDRESS.

Gentlemen of the Florida Medical Association:

When, at our meeting in St. Augustine, a little more than a year ago, you paid me the very unexpected compliment of electing me for a second term to be your presiding officer, I determined to show my appreciation of your partiality by renewed and more diligent efforts for the advancement of the interests of our Association.

That all for which I had hoped and planned has not been accomplished, I must with regret admit, but, without taking the credit to myself, I feel that I can, with good reason, congratulate you upon the progress made in the advancement, if not of the Association itself, of the objects for which the Association has so long labored—objects of material interest to the medical profession and, indeed, to the people of the whole State.

I refer more particularly to the enactment of a law to regulate the practice of medicine, and to the establishment of a State Board of Health. Just how much influence this Association had in procuring these laws I cannot say, but I know that from its organization this Association has labored to procure legislation on these two points. That the Association had nothing to do with the phraseology of the Bill to Regulate the Practice of Medicine, we are more than willing to admit.

When the question was discussed at our last meeting as to whether we should incorporate in our memorial to the legislature anything in reference to a Bill to Regulate the Practice of Medicine, it was decided that we would not, but would concentrate all our efforts to the procuring of a State Board of Health.

Since, however, our last legislature was so much more willing than its predecessors had been to grant this much needed legislation, it is to be regretted. I think that this Association did not formulate its ideas of the needs of the State in this respect, since it may be fairly assumed that an Association composed of medical men know better than the average legislature what medical laws are needed. That

the law, as it now stands, is much better than none at all, we readily admit, but we believe that it might be made less cumbersome, and otherwise improved.

In the Circular Letter sent to each member of the Association, and of the seven Examining Boards, I have asked that each Board send up a full report of its work, and also that as many of the examiners as possible attend this meeting, so that the reports may be heard and the duties and work of the Boards be fully discussed. And, with a view to securing all the good that is to be obtained from a full and free discussion of the subject, I would suggest that you designate at this session a certain hour tomorrow, when these reports may be heard, and the subject discussed; and that, at the hour selected, the Association resolve itself into a Committee on Examining Boards, and that the members of said Boards elect their chairman and Secretary and continue the organization as a section of this Association, in which section any member of the Association shall be permitted to enter into the discussions, though only members of the Examining Boards shall be entitled to a vote. Whether you organize as a section of the Association, or as a separate organization, I am convinced that an organization is desirable, and that it might do much to obviate the imperfections of the law as it now stands, by securing uniformity of action on the part of the various District Boards. And recommendations emanating from such a source would doubtless have great weight in securing such modification of the law as would make it the better serve the purposes for which it was enacted.

Especially now that those already in practice in the State have been licensed, I believe that it would be for the best interest of the State to have one Board instead of eight—said Board to consist of one member from each judicial district and three from the State at large.

There is a respectable class of citizens in the State who profess to use only infinitesimal doses and high potencies, or other exclusive lines of practice, and while we cannot receive them into full fraternal fellowship so long as they, by the very name they adopt, continue to proclaim that the true science of medicine is too broad for them, and that they prefer to confine themselves to their narrow dogmas, yet it is proper for the State to take cognizance of this class of citizens ; and this could be done by having the three pro-

posed members from the State at large to consist of one Eclectic and two Homeopaths. Just what is meant by Eclectic as applied to a system of medicine at this day and time, I have never been able to ascertain. Still I can see no good reason why the Eclectic should not be recognized as well as the Homeopath, since there is probably quite as large a number in the State of the former as of the latter.

Our Homeopathic and Eclectic friends would, I think, be loath to acknowledge that their schools require a less intimate knowledge of the human body and its physiological functions than is required by the regular school. Surgery and chemistry are sciences too exact to admit of differences of opinion, so that only upon Materia Medica and Therapeutics and on the Practice of Medicine would the examination of the Irregular differ from that of the Regular Physician.

I do not believe that there should even be a diploma prerequisite, but that anyone who, under the impartial examination of the Board, proves himself familiar with the human body in health and disease and with the most approved scientific methods of preserving the one and combatting the other, should be licensed to practice medicine.

Whilst the easiest and quickest way to obtain a medical education is to attend some of the excellent medical colleges which abound, we must admit that it is not impossible to obtain a medical education outside of a medical college. Although the Examining Boards would have no authority to confer the honorable title of "Doctor Medicine," I think that it should not refuse to license anyone who proves him or herself qualified and worthy to practice the healing art.

The day for dogmas and speculation in therapeutics has passed. However plausible and unique a theory may be advanced, men of sound judgment are no longer ready to accept it as true until substantiated by uncontrovertable proof. Scientific and honorable physicians of all schools must gravitate toward the standard of truth as taught by the correct understanding of physiology and pathology.

Surely the tenets of our school are broad enough for all to work under. I think that it is not so generally understood by the public as it should be that we are not "Allopaths," as those who glory in blindly following a dogma have called us, but that we are "physicians" in the

broadest sense of the word. Confining ourselves to no exclusive line of practice, we are ever ready to adopt the good from whatever source it emanates, whatever *experience* has proven will cure disease, we use, whether it be large doses or small, dilute or concentrated, mineral, vegetable, hydropathic, electric or placeboic.

I think that the law should provide that the regular members of the Board should be named by this Association, thus securing by law that official recognition which was accorded it in the recent appointment of the Examining Boards through the courtesy of Governor Fleming. The Governor, as you are doubtless aware, requested your President to recommend for appointment the present Boards. Another executive might not be so courteous, and since this Association is the official representative of the profession of the State, this recognition should be secured to it by legislative enactment.

A State Board of Health, for which this Association has so long and so zealously labored, has at last become a reality, and that it has already proved a blessing to the State is not to be gainsayed. In the increased confidence of the people at home and abroad—in the greater feeling of security in knowing that we have a Board with the power and authority to meet every emergency, the State is more than repaid for the expense it has incurred.

By preventing or limiting and managing epidemics alone this Board will doubtless prove itself invaluable, but this is only one of the many advantages we hope to receive through it.

The collection of vital statistics and the enforcement of sanitation and public hygiene are ever present and more important objects of a State Board of Health.

When we speak of what the Board should do, and of the great work it has before it, we mean to cast no reflections upon its work of the past year. Just what has been accomplished and what obstacles have been encountered few of us are in a position to know. But that no mistake has been made in the selection of the officers of the Board, we are convinced.

If this Association had had the choosing of the President and the Health Officer, I feel sure that the ones who are now so acceptably filling these responsible positions would have been chosen. "Rome was not built in a day,"

neither can we expect the best directed efforts of a Board of Health for so large a State as Florida to spring immediately into full fruition. It will require time and much labor on the part of the Board, and the hearty co-operation, not only of the medical profession, but of every class of citizens to bring it up to its greatest capacity for good. It is for the purpose of enlisting that co-operation that I discuss the subject at such length on this occasion. Since the State Medical Association has no official connection with the State Board of Health, some may deem it inappropriate in an address of this kind to give so much space to discussing its duties. Whilst it is true that this Association has no jurisdiction over the Board, I claim that the latter is, in an important sense, a creation of the former, and that this Association owes it to itself and to the public to lend its aid in every way to secure the greatest possible usefulness on the part of the Board.

I believe it to be the duty of every physician in the State cheerfully and promptly to comply with every reasonable requirement of the Board, and I am sure the Board will make no unreasonable request of us. Surely no member of the profession will refuse or neglect to give, upon the first of every month, the ten or fifteen minutes required to fill out the blanks furnished by the State Board of Health for collecting the vital statistics, a matter, the importance of which must be apparent to everyone. I am convinced that a correct compilation of the vital statistics of the State would, notwithstanding the great influx of invalids, show as small a death rate as any State in the Union, and that instead of being the malarial infected and fever-ridden section that many regard it, our fair State would be shown to be a fit place for the world's sanitarium.

It should certainly be no hardship upon anyone to comply with every request made of them by the Board, and I trust that none will be so careless, indifferent or lacking in public spirit as to refuse or fail to render prompt and cheerful obedience to their requests.

The one citizen of the State who has the most right to complain, the only one so far as I know upon whom the duties required by the Board fall as a hardship, is the distinguished President of the Board of Health. When we reflect that he receives no remuneration for his services except when called away from home, on business of the

Board, and then very much less than he would make by remaining at his office, we realize that not many of us, even were we competent, could afford to occupy his position. This, gentlemen, should not be. The State is better able to pay those who serve her than any one citizen is to contribute his services.

It is my opinion that the President of the State Board of Health should be paid a liberal salary—a sum commensurate with the importance and responsibilities of his position. True, the Health Officer receives a salary, but his time should be fully occupied in looking after quarantine and epidemics, in collecting vital statistics and attending to the routine duties of his office. But there should also be attached to the presidency of the Board a salary sufficient to command the entire time of the very best talent in the State. The President of the Board could then devote his time to teaching the people health laws, visiting and instructing the County Boards of Health, and seeing that the municipal authorities enforce sanitary regulations. He should look to the securing and enforcement of laws for the prevention of food adulterations, water contaminations, and other evils of like importance to the public; not the least of which is the spread of venereal contagion—a matter which, in my opinion, has been too long overlooked by health authorities, and which should receive their careful consideration.

What higher duty can a State have than to protect the citizen from disease—to protect his health as well as his property. Let us hope that the day is not far distant when a citizen's health and life will be considered by the State as valuable as his personal property and real estate.

The death rate of twenty-six of the principal cities of the United States has been computed to be twenty per thousand each year. In the rural districts, it would be less; but correct statistics for the State of Florida would probably not be far from ten per thousand each year, or annual death rate of four thousand people in this State, estimating the population at 400,000. Who can doubt that a considerable percentage of these deaths are from causes entirely preventable, and who can estimate the value to the State of these lives, to say nothing of the expense and suffering of the thousands who recover after weeks and months of untold suffering, of which there can be no statistical record.

The State Board of Health is the proper channel through which the State should strive to further the health of her citizens, and for so laudible a cause she should be willing to expend any necessary amount of money; for well has it been said "Public Health is Public Wealth," and "The Welfare of the People is the Supreme Law."

There is another matter of importance which I think should receive the attention of the Association at this meeting, namely, the proper remuneration of physicians when called upon to give expert testimony before civil courts, and I suggest that you appoint a committee to memorialize the Legislature on this subject.

We ask no favor in behalf of the doctor who has been an eye-witness to unlawful acts; let him receive the same fees that any other witness would get; but where the courts require of him expert testimony as to the knowledge acquired through professional services rendered the injured, or consequent upon his abstract knowledge of medicine, then he should receive just remuneration for his time and services. Otherwise every physician must regret being called upon to administer to the unfortunate when his injuries are of such a nature as to require investigation by the courts; and if he considers his own interest he will refuse all such calls. For the sake, then, of the injured and of justice to the medical profession, there should be further legislation on this subject.

Since last we met together, we have been called upon to mourn the death of an honored and most useful member, Dr. A. W. Knight. For thirteen years a member of this Association and for seven years its Secretary, he had so impressed us with his ever-cheerful spirit and cheering words, his devoted zeal for the welfare of our profession, and his untiring energy in behalf of our beloved Association, that it is with unfeigned grief we contemplate the sad fact that he will meet with us here no more. May we emulate his example in all that was good and noble. I would suggest that a committee be appointed which shall report to the Association for adoption proper resolutions of respect.

Before closing this address, gentlemen of the Florida Medical Association, I would make an appeal to you, but more especially through you to those of our profession who are not here but who ought to be, to throw off the apathy

and indifference which too many of our number manifest toward the things which concern the well-being of our chosen profession.

To those who remain of the faithful ones who organized and, through years of discouragement and apathy, maintained this Association, we feel that we cannot utter words of commendation too strong. We feel like saying of them "they are the salt of the profession."

To those of you who have recently joined this Association, and who will join at this annual meeting, we bid you welcome—thrice welcome to our midst.

To those of the profession who do not belong to the Association, and who may chance to hear or read this address, I beg of you to procure from our Secretary or Librarian a copy of our Constitution and By-Laws, read and see whether you cannot endorse the objects and aims of our organization, and consider whether it may not be a duty as well as a privilege to join us—a duty to yourselves, your patrons; your profession. Does anyone doubt that good results from our meeting together in fraternal fellowship to discuss the best methods of preventing and curing disease? If any man thinks he can learn nothing from our discussions, then he ought, for the love of the profession, come and let us learn of him.

Such meetings as this teach us our deficiencies, stimulate us to greater effort at improvement, broaden our views, make us less selfish, less egotistical, more charitable, more useful, better men.

Suppose it is true, as some claim, that from a well edited medical journal may be derived all the benefits of an attendance upon medical conventions, is it not equally true that the best writings, the best journals are the direct outcome of Medical Societies and Associations? How many of the stay-at-homes write for publication? Are you willing to absorb all you can from the profession, and give nothing in return? However much we may be able to do for the profession, we cannot hope to make it our debtor. The true physician, the true man, can never be willing to receive and appropriate for his aggrandizement all that the profession so freely offers to her votaries and not feel a desire in whatever way he can to add to her luster—to her power to alleviate the sufferings of mankind.

R. A. LANCASTER.

A.
TREASURER'S REPORT—1889.

**J. D. FERNANDEZ, TREASURER,
IN ACCOUNT WITH FLORIDA MEDICAL ASSOCIATION.**

DR.

To Balance Cash on hand last Report, January 30, 1889,	\$483	73
To all dues, Dr. Thos. P. Gary, 1889		5 00
" " G. W. Hawes, 1889		5 00
" " J. M. Jackson, Jr., 1889		5 00
" " J. K. Rainey, 1889		5 00
" " D. S. Stringer, 1889		5 00
" " F. H. Caldwell, 1889		5 00
" " Joseph Y. Porter, 1888-1889	10	00
" " A. Anderson, 1888-1889	10	00
" " E. M. Alba, 1888		5 00
" " W. V. Newsom, 1889		5 00
" " H. Bacon, 1889		5 00
" " G. A. Dwelly, 1889		5 00
" " W. R. Oreal, 1889		5 00
" " Chas. A. Dunham, 1889		5 00
" " King Wally, 1889		5 00
" " R. A. Lancaster, 1889		5 00
" " J. L. Hor-ey, 1889		5 00
" " J. E. W. Smith, 1888		5 00
" " A. W. Knight, 1889		5 00
" " R. B. S. Hargis, 1888-1889	10	00
" " Jno. G. Ames, 1889		5 00
" " Chas. Kenworthy, 1889		5 00
" " G. W. Lancaster, 1888-1889	10	00
" " Geo. C. Mathews, 1887		5 00
" " J. M. Samuel, 1888-1889	10	00
" " C. B. Sweeting, 1888-1889	10	00
" " W. J. Jolly, 1889		5 00
" " A. Alexander, 1887		5 00
" " Leslie W. Weeden, 1889		5 00
" " R. D. Murray, 1889		5 00
" " Jno. P. Wall, 1888-1889	10	00
" " E. T. Sabal, 1888-1889	10	00
" " A. J. Wakefield, 1888-1889	10	00
" " N. D. Phillips, 1888-1889	10	00
" " C. Drew, 1889		5 00
" " Harriett E. Preston, 1889		5 00
<i>Carried forward</i>		\$713 73

<i>Brought forward</i>	\$713 73
To all dues, Dr. D. Stuart Lyon, 1887-88-89	15 00
" " J. A. Jackson, 1888-89	10 00
" " R. H. Dean, 1889	5 00
" " L. W. Pelley, 1887-88-89	15 00
" " P. H. Strausz, 1889	5 00
" " J. N. Taylor, 1889	5 00
" " H. K. Dubois, 1889	5 00
" " J. F. McKinstry, 1888-89	10 00
" " W. L. Hughlett, 1888-89	10 00
" " C. M. Merrill, 1889	5 00
" " F. F. Smith, 1889	5 00
" " R. P. Daniel, 1889	5 00
" " E. M. Alba, 1889	5 00
" " DeWitt Webb, 1889	5 00
" " W. F. Shine, 1888-89	10 00
" " L. Alexander, 1888	5 00
" " Neal Mitchell, 1889	5 00
" " J. C. Neal, 1889	5 00
" " M. Kenedy, 1887-88-89	15 00
" " D. J. McRae, 1888-89	10 00
" " Solace Mitchell, 1889	5 00
	<hr/>
	873 73
	357 28

Balance cash on hand, April 10, 1890 \$516 45
 J. D. FERNANDEZ,
Treasurer.

CR.

By Warrant, Florida Times-Union, 1889	\$ 51 90
" Dr. R. A. Lancaster, 1889	10 90
" Salary to Secretary, 1889	100 00
" Expenses Treasurer, Meeting, 1889	8 50
" C. W. DaCosta, Printing, 1889	10 00
" DeWitt Webb, Printing, 1889	2 90
" Rent of Hall, Meeting, 1889	10 00
" Printing Proceedings, 1889	140 00
" Wrappers for Secretary, 1889	1 75
" Secrefary, distributing Proceedings, 1889	4 95
By Bill C. W. DaCosta, Letter Heads, Postals, etc., 1889	3 90
By Bill Secretary, Postage, Stationery, etc., 1889 . .	4 75
By Bill Treasurer, Postage, Stationery, etc., 1889 . .	3 15
	<hr/>
By Bill expenses Librarian, 1889	\$352 70
	4 58
	<hr/>
	\$357 28

B.

REPORT OF COMMITTEE ON ETHICS.

MR. PRESIDENT—Your Committee on Ethics, appointed at the last meeting of the Association, beg leave to submit the following report:

We have had referred to us, through our President, a communication from Drs. Shine, Smith and Webb, of the St. John's County Medical Society, for an official opinion. The communication is as follows:

Sealed proposals or bids for rates of attendance upon the city paupers having been called for by the City Council we would enquire

1. Is it in accordance with the spirit of Medical Ethics, as we regular practitioners should understand and follow it, freely recognizing the liberal construction of the present day, for practitioners to place their services before the public in such competition?

2. Are you aware that such a method of appointment is adopted in any State?

3. Do you conceive it just that certain practitioners should be deprived of the privilege of bidding, for reason of honor, while others of same standing in County Medical Society offer their services?

4. Does the fact that irregular practitioners enter the list and might obtain the position, alter the principle that honorable medical men are not permitted by the spirit of Ethics to compete against each other under sealed proposals for a contract?

5. Is it the duty of the County Medical Society to consider such a matter; if so, and the appointee should refuse to resign a position obtained in this way, what course should the society pursue?

Enclosed please find copy of notice posted by order of Council. We will read the notice published by the City Council, so as you may all better understand the case:

CITY PHYSICIAN.

1. It shall be the duty of the City Physician to visit the city hospital at least once each day, unless otherwise ordered, and shall prescribe and furnish medicines for the inmates of the hospital as may be required from time to time.

2. He shall, at the end of each week, make a written report to the chairman of the Relief Committee of the condition of the hospitals and inmates.

3. He shall also attend all city paupers, prescribing and furnishing medicines for them from time to time, when necessary, and shall have a suitable office, and shall give one hour each day to attending city paupers.

4. He shall attend any call ordered by Relief Committee at any time, and be subject to their order.

5. Sealed proposals will be received at this office until Thursday, May 23, 1886, at six (6) o'clock in the evening, and the committee will reserve the right to accept either of them or reject any or all of said proposals.

D. M. PAPY,
Chairman Relief Committee.

After a careful consideration of the subject, and searching all the literature upon it we could get which would enlighten us respecting the questions proposed, we would submit the following opinion:

1. Your committee is of the opinion that it is in violation of the Code of Ethics adopted by this Association for members of this, or any county societies, to enter into competition among themselves (or irregular practitioners) for public business or private practice.

2. Any member of a county society connected with this Association who enters into such contracts can be dealt with by such society, and, if not amicably adjusted in the county society, either party can appeal to this Association for redress.

3. We think it the duty of county societies to make such rules and regulations from time to time as will be for the benefit, government and protection of their members, which will not conflict with the Code of Ethics or rules of the State Association, of which they are auxiliary bodies, *and to see that they are enforced.*

We respectfully refer to the opinion of the President of this Association, to whom the case was referred, as follows:

"I know of no such precedent authorizing such competition. If the City Council had asked for applicants for the appointment under certain specific terms, any member of the society who, for charitable or other reasons, wished to obtain the appointment might have applied for it, with-

out lowering the dignity of the profession or rendering himself liable to receive the censure of the society, or the county society might have decided, what in their opinion, were reasonable terms; and then all who wished might have applied, and thus have been on an equal footing."

The preceding questions being up, others upon which the Association should take action, as there are honorable medical men in doubt on one or the other of them, they, as well as your committee, would like them discussed and a decision expressed upon them. It would have the weight of authority and settle the questions in their minds for the time to come.

1. Is it in accordance with our Code of Ethics to offer professional services in any case under sealed bids?

2. Should members of the regular profession accept positions offered them when they would violate the Code of Ethics in order to keep irregular practitioners from obtaining the same?

As we have expressed an opinion upon these questions, therefore will leave them for the decision of the Association.

We are glad to see the law passed at the last session of the Legislature regulating the practice of medicine; especially that requiring physicians to be graduates of some medical college recognized by the American Medical Association.

There is painful evidence of the want of harmony among medical men in the small number of county societies; and those which do exist are in an unhealthy condition with a small membership, and a seemingly lack of interest in their members. We would impress upon the members of this Association, the importance of extending the amenities of the entire profession until entire harmony may be conspicuous to all who come in contact with it.

Respectfully submitted,

(Signed)

JAMES M. JACKSON, *Chairman.*
C. M. MERRILL.
W. V. TEWSOME.

C.

REPORT OF COMMITTEE ON NECROLOGY.

WHEREAS, it has pleased Almighty God to remove by death our beloved brother, Dr. A. W. Knight, therefore

Resolved, That by the death of Dr. Knight, the society has lost one of its most efficient members; one, who, for many years an officer of this Association, was always at his post of duty, and whom the society trusted for most active and arduous work. As a member of the society always cordial and kind in his intercourse with his fellows, the active and useful life of our brother is closed, and we tender to his bereaved family our most hearty sympathy in their great bereavement.

Resolved, That a copy of these resolutions be forwarded to the family of our deceased brother, and a blank page be left in our minutes as a mark of respect to his memory.

WHEREAS, It has pleased Almighty God to remove by death Dr. James A. Alexander, therefore

Resolved, That in the death of Dr. Alexander this society has lost an active and efficient member whose connection with the society was short, but whose past honorable record gave promise of great usefulness in our profession in the State.

Resolved, That a copy of these resolutions be forwarded to the family of the deceased, and a blank page be left in the minutes as a mark of respect to his memory.

DEWITT WEBB,
R. C. DEAN,
C. M. MERRILL,
Committee.

D.

REPORT OF COMMITTEE ON STATE BOARD
OF HEALTH.

The special Committee on State Board of Health which was appointed at the annual meeting of this Association in Gainesville, for 1888, and continued at the session held at St. Augustine, in January of 1889, would respectfully report:

That, in accordance with a previous understanding of the interests involved and duty implied, the committee met at the State capital as soon as practicable after the Legislature which was called by Governor Fleming to meet in special session on _____, for the purpose of considering the propriety of creating a State Board of Health as provided for in the revised Constitution of Florida.

The committee presented to the Legislature the memorial and draft of an act to create a State Board of Health, which had been placed in charge of the committee by the Association with that intention. The committee also presented, at the same time, the copy of a proposed bill for the same purpose which had been drawn up by Dr. J. Y. Porter, and which bill the committee understood that it was to convey to the Legislature without recommendation.

There were several other bills variously modified from the one which was formulated and adopted by the Florida Medical Association brought before the Legislature. The one which was finally passed and became a law on the 20th day of February, 1889, by the approval of the Governor, and a copy of which is herewith presented to you, embraces most of the important features of the one which was formulated by our Association, although modified and altered in several minor points, principally as follows:

In bill proposed, the appointments of members were to be immediate. In bill adopted, appointments to be made within twenty days.

In bill proposed, Board was to consist of five members. In bill adopted, three members.

In former, there were three medical members. In the latter, only one.

In former, regular meetings of Board semi-annually at seat of government. In latter, annually in May, unless specially called.

In former, the disbursements were directed through the ordinary official channels, whilst in the latter the responsibility is thrown more upon the President of the Board.

Lastly, the bill which was passed and made a law has greater detail in regard to the authority, duties and responsibility of the Board of Health and its officials than the one suggested by our Association.

In this respect the loss of comprehensiveness and brevity has been without compensation in the greater detail.

Your committee, in conclusion, feels that it may, with propriety, congratulate the Florida Medical Association upon the accomplishment of the object for which said committee was appointed.

The labor and efforts which had been devoted by us, individually and collectively, for years to the attainment of this end have at last been crowned with success, and we may well congratulate ourselves upon its attainment.

This committee, having performed the duty for which it was appointed and continued, now asks to be discharged.

E.

REPORT OF THE ALACHUA COUNTY MEDICAL SOCIETY.

The membership is but little larger than it was a year ago, having received four accessions, and lost three members, two by removal and one by death. There is no member of the society, we believe, who would hesitate, so far as his own interests are concerned, to leave his practice temporarily in the hands of any other member of the society. We think we have, to a remarkable degree, that feeling of fellowship and good-will for each other which should exist; and almost none of the petty jealousies which too often disgrace the profession when competition is so brisk. From this very fact, we think, our services are more generally appreciated by the public than in communities where the reverse is the case.

While none of us have bank accounts satisfactorily large or growing, we think that we have fared as well as those in other professions or in business, unless we except the "Phosphate Kings." Whilst it is true that each member manifests a becoming zeal for the best interests of the profession, there have been very few requests during the past year for meetings of the society to be held oftener than once a month.

We have had no cause for complaint about the healthfulness or the reverse in our community during the past year—not distressingly healthy or sickly. We fear that the majority of families in our section are more anxious to imitate Fifth Avenue than Cherry Hill (see *New York World*, March 9, 1890).

There have been no diseases especially prevalent, with the exception of "LaGrippe," which, with few exceptions, was of a mild type. These are not all, but some of the matters relating to the profession in our county.

Attest: R. A. LANCASTER, M. D., *President.*

J. H. HODGES, M. D., *Secretary.*

April 1.—To State Medical Association.

F.

ADDRESS DELIVERED AT THE MEETING OF THE
FLORIDA MEDICAL ASSOCIATION, AT OCALA,
FLA., APRIL 10, 1890, BY T. FRASER THOMAS,
M. D., GAINESVILLE, FLA.

*Mr. President, Members of Florida Medical Association,
Ladies and Gentlemen:*

Our worthy President introduced me to you as the Annual Orator. I beg leave to introduce myself as a substitute for the Annual Orator. I am therefore only an apology for a speaker.

You will doubtless receive me as you would hard times and heavy taxes, with becoming resignation as a stern necessity, and try to make the best of it.

That you will accord me your attention I am sure, from the well-known courtesy of Ocala audiences.

Should my very hastily prepared address tax your patience too long, I can only plead the excuse that Pascal gives for the undue length of one of his letters, "I had not time to make it shorter."

No person within the sound of my voice can regret more than I do the absence of Dr. Ellis, the Annual Orator, on this occasion. From what we know of him, you had a right to expect of him much gratification. Instead of the intellectual banquet he would have set before you, with tempting viands and glorious fruits, the whole feast decked out with fragrant and many hued flowers, I can only ask you to partake with me a potage of wholesome herbs, which may prove useful if not especially fragrant or ornamental. It is indeed a great pleasure to me that I have the honor to appear before you this evening, in accordance with an established custom of this Association.

Please allow me, ladies and gentlemen, in behalf of our Association, to express our heartfelt thanks for the kind and hospitable manner in which you have received us. Ocala has long been noted for her hospitality, with a population alike noted for industry, intelligence, refinement and

sociability; with her lovely homes, fine buildings, electric lights, beautiful orange groves, phosphate mines, and other things too numerous to mention, she seems to have sprung forth with Herculean strength, and to be advancing with giant strides, and with a growth and progress that has exceeded the expectations of her most enthusiastic citizens to take her position as one of the foremost cities of the South. It is, indeed, a great pleasure to meet in your midst.

In commencing my address I must ask the members of the Association to pardon me for deviating from the established custom of the Association of selecting a subject not strictly medical. Having been informed by our President that the address would be public, and, therefore, the audience would be made up of persons from the various walks of life, I concluded that it would be better to select a subject that would be more interesting to the greater number. I, therefore, invite your attention, for a short time, to a few disconnected thoughts on "The true physician and his relation to his fellow-men."

Professor Gairdner gives the following as his conception of the "true physician," to which I have added my own humble ideas: "He must be careful and accurate, and, at the same time, a quick observer of human nature. He must be able to connect his isolated observations of facts by a rapid and trustworthy process of reasoning. He must, in dealing with emergencies, endeavor to have always his presence of mind. He must, as a surgeon or accoucher, have much deftness of manipulation, manual dexterity, or, perhaps, still better, ambidexterity. He must treasure in his memory, and be constantly increasing from day to day, large stores of various reading in his own and other languages, in order that the vast field of scientific progress in relation to his art may be freely accessible when wanted. He must be able to write, at the very least, in his own language, with vigor, compactness and lucidity. He must have a soul above mere money-grabbing. He must, on no account, degrade his honorable profession into a trade, but must be, as far as possible, the disinterested friend, the companion, the good genius of all his patients. He must, in every case, have in him the distinctive essence of what is called a gentleman, not necessarily what is vulgarly, and falsely often, styled a fine gentleman, but a gentleman in outward manner as much as in the inner spirit. He must

be a man endowed with a deep sense of moral responsibility—responsibility, in the first place, to his fellow-men, and secondly, a deeper and more latent responsibility to Him who is the source of all good, and, therefore, of all moral principle and moral responsibility whatever."

Tom Hughes says he must learn to read character by studying his own; to speak plainly, to practice reticence, and to avoid mercenary habits.

Dr. Bennett says that according to the respect with which the physician treats his own calling, and the courtesy and forbearance he exercises towards his colleagues, so will he raise his profession in the eyes of the world. Just as his relations with the public are dignified and honorable, so will he elevate himself above the adventurer and the charlatan.

Now, I can assure you, my friends, there is but little encouragement for a man who possesses the qualifications just mentioned, for the man who has spent much of his means, and the best years of his life in his effort to fit himself for usefulness, to be compelled to recognize Dr. Ignoramus, to hear of his wonderful cures, and to hear his praises lisped even by infant tongues; to be compelled to divide profits with ignorance and deceit, and to see intelligent people, ladies as well as men, follow after him with as much enthusiasm and delight as the small boy follows the organ and monkey.

The intelligent physician is forced to sit down by this Dr. Ignoramus, and to recognize him as his equal. Equal, did I say? Yes; his superior, for in our State "ignorance of the law excuses no one" applies to the law only. In medical practice the law does not punish a man for what he is ignorant of, and the man who is without his credentials or diploma is the most fortunate. He has nothing to lose; he has no one to be accountable to; he has everything to gain. If he loses his patient the world says: "Oh, well; it is no more than any regular M. D. might have done; but if, perchance, he gains the cry goes up long and loud until it reaches the sky, and his name and the great deed he has accomplished is engraved in indelible letters on every house-top in the country.

Our Association needs no champion to do battle in its behalf, and preserve it from contumely and insult; neither does it require any expounder to blazon forth, at this late

day, its good works in behalf of its fellow-citizens. The little one has become a thousand, and the small one a strong nation. How wonderful its union! How vast its resources! How noble its objects! How wide-spread its benefits! Like the bread tree of India, it shelters thousands beneath its shade while it sustains them with its fruits. The cause is the cause of patriotism, for our country will reap its benefits, and humanity will rejoice in its advancement.

With truth, which is immortal, for our shield, and charity that never faileth for our banner, we expect to move forward with a firm and unfaltering tread until the broad and heaven-born principles of our profession are disseminated throughout the continents of the earth and the islands of the ocean. If the champion or expounder were needed, it would be unnecessary on this occasion, for I am now surrounded with the flower of the profession in our State (the good and true are entitled to that appellation), surrounded by brothers, many of whom have, since their connection with the Association, voluntarily stepped forth and lent a helping hand, an energetic hand, in placing it high up in the position it now occupies not only in our own fair State, but also in comparison with similar institutions in other States.

The true physician realizes that sublime moral truth, that "man is bound by invisible bonds to his fellow-man;" he, therefore, associates together the high and low, the rich and poor, the learned and unlearned, upon the broad platform of universal brotherhood, and lends his services to all alike; he is daily putting into active operation the great Christian idea of benevolence, "the desire to do good because another wants our assistance." Aid is afforded at the period when it is most required, and assistance is rendered when it actually becomes a blessing. The true physician has treated you, my friend, with more than fraternal solicitude when you have been submitting to the ravages of disease; he has soothed the dying pillow of your loved ones, and when the grim monster, Death, has entered your family circle and robbed it of the husband and father, it is to the physician that the dimmed and tearful eyes of the widow and orphans are spontaneously directed for consolation and sympathy.

The objects of our Association are highly calculated to awaken every generous faculty of the human mind and conscience ; it strengthens and makes it more obedient to the demands of justice. Its objects, if properly administered, furnish and strengthen the elements of life in such a manner that the dark clouds of adversity cannot obscure that beam of hope which inspires ambition to renewed action.

Our profession is, indeed, a great brotherhood. We realize that the present state of human society calls loudly for fraternal relations, and the bright examples of charity, which such relations are calculated to elicit, engender in the bosom of life those qualities of character which clothe with tenderness and love the pangs and sorrows of life, and dispense to the sick and needy the blessings of health and comfort. Our profession enjoins upon its members compassion. This is another distinguishing feature of its principles and merit, which none can more highly appreciate or prolong the glories of its existence than the afflicted mother and poor orphan, to whom the grand arsenal of affection is thrown open, by which they obtain that consolation and sympathy so characteristic of the conscientious physician.

There is nothing more tranquilizing to the human mind, or soothing to the elements of passion, than the kind, fraternal influence which we experience from the brotherhood at a meeting like this. It is here that moral beauty may be seen shining from every feature of mankind. It is, indeed, gratifying to every member and friend of our Association to witness the growth of an institution which possesses within itself so much power for good—an institution whose numbers, in noiselessly going about to do good, have endeared themselves into the hearts of every community, and have accomplished more for the alleviation of sickness and distress than all other institutions of the world combined.

Meetings like this, my brothers, will humanize our feelings, will subdue all animosity, will preserve us from reckless acts of aggression upon the rights of others ; in short, will teach us to carry out that truly divine injunction, "What so e'er ye would that others do unto you, do ye even so unto them."

Every true physician should have a holy love for the family of his fellow-men that he is called upon to adminis-

ter to, whether he be high or low, rich or poor. Because he receives no recompense in money he must not forget his obligation to his patient, nor his own self-respect. In his intercourse with the world he must not be swayed by prejudice or nationality. Friendship and good-will for all of his patients are his polar stars, ever keeping in remembrance the priceless precept, "There is but one country—the earth; but one nation—the human race." He should endeavor to keep the following stanzas constantly in his mind:

When fortune beams around you,
When hearts with pleasure leap,
And hopes and joys surround you,
Forget not those who weep;
When friendships smile invites you
To bless and to be blest,
And every charm delights you,
Oh, think of the distrest.

When golden gales betide you
As if by heaven decreed,
And plenty stands beside you,
Forget not those who need;
When pleasure's cup seems endless,
Oh, prove it without end,
By being to the friendless
In every hour a friend.

The true physician will respect the feelings of the poor, both by the language and tone of voice in which he addresses them. He must remember that disease is his only passport to any house. He must act as a gentleman to all, to the low, to the vile, even as well as to the gentle and the rich. His duty is to heal, not to punish. Boerhave said that "the poor were the best patients, for God was their paymaster."

Now, my friends, I can assure you the work of a conscientious physician is by no means an easy task; he does not, as some seem to imagine, go through this world on "flowery beds of ease." The drudgery he undergoes is somewhat expressed in the following stanzas:

To be day and night at the beck and call
 Of men who cheat and women who lie;
 To know how often the scoundrels live,
 And see with sorrow the dear ones die;
 To be laughed to scorn as a man who fails
 When nature claims her terrible debt;
 To give a mother her first-born's smile,
 And leave the eyes of the husband wet;
 To face and brave the gossip and stuff
 That travels about through a country town;
 To be thrown in the way of hysterical girls
 And live all terrible scandals down;
 To study at night, in papers hear
 Of new diseases and human ills;
 To work like a slave for weary years,
 And then be cursed when you send your bills.

Now, just one word, don't be too hard
 On those who cannot afford to pay.
 For nothing you'll cure the widow and child,
 For nothin' you'll watch till night turns to day.
 You'll hear confessions and keep them safe,
 As a sacred trust, like a righteous priest.
 To do your duty you are not sworn
 As others must do in this world of woe;
 But you'll hasten away to the beds of pain
 Through rainy days and nights of snow.

Now, in conclusion, let me say to the ladies, we thank you for your attendance here this evening; we well know that without your gentle assistance at the bedside the practice of medicine would, indeed, be a failure. You can always be found in the rooms of the sick and afflicted, because your gentle hearts contain a chord that beats responsive to the slightest touch of suffering and sorrow. The Creator designed the last best gift to man to be peculiarly the ministering angel of humanity, and never are the holy attributes of her character more brightly and more beautifully developed than when soothing the couch of pain or tending to the wants of suffering poverty. We would be glad if more of you could make it convenient to attend our annual meetings, for we well know that the Florida Medical Association shone upon by the sunshine of your presence would blossom like a rose, and flash out like a star, filling our fair State with its fragrance and its light.

G.

THE STATE BOARD OF HEALTH.

Mr. President:

Having had conferred upon me by Governor Fleming the unsought and undesired honor of a commission on the State Board of Health of Florida, which was created by act of the Legislature in special session last year, and having been elected as the presiding officer of that board when it was first organized, I have thought that it would not be inappropriate on this occasion—our first meeting since the above conditions were established—for me to make some statements in connection therewith to the representative members of the profession in our State here assembled.

I need not remind you, gentlemen of the Florida Medical Association, that to your persistent efforts, through years of almost hopeless striving, is largely due the honor of having brought about the accomplishment of your earnest desires, and those of every intelligent citizen of this commonwealth, in furtherance of the well-being of Florida and of Floridians; nor, in addition, need I suggest that upon you largely rests the success or failure of this good work which is but just begun. Allow me, in connection with this, to quote from a most admirable address upon State hygiene, lately delivered before the State Board of Health of Pennsylvania, by Dr. E. A. Wood, of Pittsburg.

DR. WOOD'S IDEAS.

"Sanitary science is an element of high civilization.

* * * But the mere enactment of sanitary laws and the establishment of a Board of Health will not secure to the people the blessings of good sanitation. There is work, much work, to be done before we can realize the highest good of this new health institution. Of this work I wish to speak to you in a suggestive way. * * *

The first thing to be considered is that, outside of a few persons, knowledge and appreciation of what sanitary science is, and what a State Board of Health can do, are almost entirely lacking among the people. Scientists, sanitarians, physicians and a few others know, because it is

either in their line or because they are inclined to general culture. The legislators who passed the bill creating a Health Board were, most likely, largely ignorant of the subject; they enacted the law on trust, and on trust the people received it, because those who did not know said that it was a good thing to do. Now, while we may praise the spirit by which a State Board of Health was established, we may well tremble for its destiny when we remember that legislators and the people will not go on, year in and year out, maintaining a Health Board on trust. To perpetuate itself it must afford some practical and tangible good. This board which I represent before you is on trial. It is new to the people. The good which it can do cannot be realized in a year or two years; its good will increase each year as it becomes more efficient and gains the co-operation of the people."

DEMANDED BY THE PEOPLE.

Here we have, as it were in a nutshell, the presentation of the subject to which I desire to call your attention to-day. No law can be permanently operative and successful unless the will of the people is in accord with the spirit of its provisions. There was the will of the people for the enactment of the law creating a State Board of Health for Florida. A terrible epidemic of yellow fever had just prostrated temporarily the energies and business activity of the metropolis of our State; precious lives had been sacrificed on the altar of false security; the shock of business operations and shrinkage in material values had been felt to the farthest confines of our State. The people, realizing the necessity, demanded that something should be done to avert, if possible, a repetition of such a disaster. Under the urgency of this condition and this feeling, the law was enacted; our Board was organized and met with most hearty co-operation in the inception of its work. But a large majority of the people recognized only one object to be attained by the creation and support of a State Board of Health, viz.: the prevention, by exclusion or suppression, of yellow fever and its attendant evils. Human nature is proverbially unreliable in its impulses. The absence of patent danger and habitual contact with it even, soon cool our ardor and lessen all efforts for self-protection, and, ere long, we slumber in fancied security, for-

getting the warnings of the past ; and we fail to recognize that the price of safety is eternal vigilance. Should we, providentially, escape a recurrence of the dread disease to which I have alluded, for two or three successive years, this danger will impend over us, and to the few, rather than to the many, relegate the duty and responsibility of confirming and perpetuating protection to the public health and the prosperity of our State, so far as the vigorous and judicious enforcement of effective means for keeping yellow fever out of the State is concerned.

But, gentlemen, this is only one of the many important objects for which a State Board of Health should be created and sustained. There are other and equally formidable enemies in the shape of disease which will and do threaten the lives and interests of the people of Florida, and which the watchfulness and organized efforts of a health board can best avert, or greatly lessen. Asiatic cholera, smallpox, diphtheria, malarial influences and many other morbid causes will readily present themselves to your intelligence and experience as among these. But I need not enumerate these well-known causes of depression and sickness, of disaster and death to you. Your training and experience will make you readily recognize and appreciate all that I can say and urge in this connection ; and, doubtless, more than my own ability could grasp. And now I have reached the point where I desire to make a practical application of these statements and arguments.

A GRAVE RESPONSIBILITY.

The work which was undertaken by our State Board of Health was one which would have been onerous enough under any circumstances, but it was especially burdened with labor and beset with difficulties under the conditions which existed when we of the Board accepted the trust and entered upon the work. With no special fitness of education or previous experience we were called upon to organize and put in operation the machinery of a State Board of Health, with imminent and special danger, known and unknown, immediately confronting us, and, in addition, those which though more remote were none the less grave and permanent. With a people depressed and demoralized, as well as entirely uneducated in the knowledge of how to assist us, with suspicion and apprehension of us in the outside

world, we took hold with an earnest desire to act for the best interests of all concerned, and we have done what seemed best to our conscientious judgment.

NOT ENTIRELY SATISFACTORY.

The first year of our work has been accomplished, and I trust that our labor has borne some fruit. But in many respects I feel that we have fallen short of what might have been possible. There are many things that the State Board of Health ought to do, and desires to do, which, as yet, it has not done at all, or has very imperfectly done.

The requirements in regard to vaccination, in the published rules and regulations, have been, virtually, a dead letter, and, so far as I am aware, none of the local health authorities have yet carried them out. A simple system for the collection of vital statistics was formulated by the State Health Officer, adopted by the Board, blanks prepared and furnished, and the attention of local boards of health repeatedly called to this duty on their part. The importance of this particular branch of our work, not only in its immediate value, but in its remote results, can not well be overestimated. Based upon this, such reliable knowledge of the nature, amount and causes of local diseases, of the increase, changes and character of the population is to be obtained as will afford potential means, not only for the prevention of disease and the promotion and elevation of the health standard, but as will largely influence the future development and prosperity of localities, of sections, and, indeed, of the entire State.

VITAL STATISTICS.

Comparatively few of the counties have responded at all to our call upon them for the collection of vital statistics, not one-half, certainly, of the entire number, and, even among those which have not wholly ignored our published rules in this regard, the returns, in most instances, have been irregular and imperfect. It is with pleasure that I can note a few which have taken hold of this duty in a hearty, pioneer spirit. I would especially mention Marion, Polk and Alachua counties. This work of collecting vital statistics must not lag in the future, as it has done in the past, if we would succeed in making the State Board of Health a permanent factor in the welfare and prosperity of Florida. Your President has constantly shown himself earnestly de-

sirous of helping on the good work, and has been ever ready, in this, as well as in all other directions, to prove himself worthy of the position which he has held as the standard-bearer of the Association. In a letter recently written by him to me on the subject to which I am now directing your attention, he remarked that there was, in his immediate section, a lack of interest in regard to this matter of vital statistics, that some of the physicians were indisposed to fulfil the requirements of the State Board of Health which relate to it, and that there was a disposition to ask, *cui bono?* Where is the good of all this?

ENTHUSIASM NEEDED.

My friend, President Lancaster, advised that our Board should take steps to arouse more enthusiasm by going into the newspapers and buying it. Now, printer's ink is of large value, and we, doubtless, have not utilized it as freely as would have been profitable in our work. And enthusiasm is what we need; we must have it. But right here in this Association we should find, and obtain an abundant supply of enthusiasm "without money and without price." Here was the real birthplace of the State Board of Health of Florida. It is your offspring, and it should be so fostered, protected and developed through your efforts that we might all have reason to proudly point to it in the future as 'our work.'

RELUCTANT ACCEPTANCE.

Dr. Porter and myself accepted the onerous and unenviable positions of care and responsibility which we occupy on this Board of Health, mainly because we were urged to do so as the representatives of this Association and of our profession, and because it was pressingly insisted that we might, in such official capacity, be of service to the interests which we all had so much at heart. Those friends who were, and are, nearest to me, know with what unwillingness and with how great a consciousness of my inability to do justice to the position, I accepted the appointment, and I cannot too emphatically assure you now of the readiness, both of my good and true friend who holds the position of State Health Officer, and of myself, to lay aside the harness which wearies and galls so sorely. But we accepted the offices and hold them, as delegated by you as your representatives, and I claim not only your sympathy, but

your earnestly active support, in the work of humanity which is embraced in the scope of our sanitary efforts. Here, in this representative assemblage of the profession of medicine in the State of Florida must the enthusiasm begin, and from here should the missionaries go forth who are to instruct and educate the people in their duty to themselves and to the State Board of Health, by promptly and cheerfully responding to whatever rules and regulations the latter may deem advisable to promulgate. Let us feel that we are all stockholders in a common interest, and set an example not only of ready obedience to, but hearty co-operation with, the orders, as well as the efforts, of the State Board of Health, and strive in season and out of season to induce others to take the same interest in this work that we ourselves should feel, and never to weary in this zeal. Every decent doctor in the State of Florida should esteem it his right and privilege to take such position. Then, and not until then, shall we commence to feel that this system of public health protection, which is being inaugurated for the protection and promotion of the health of the people of Florida, is an assured success. And then we shall have a right to congratulate ourselves upon being, individually and personally, factors in the construction of such a health department in our State as shall not alone give to the people constantly increasing evidence of its value, but as shall also command the respect and confidence of the health authorities outside, by proving our ability to successfully control epidemics and promote and elevate the standard of health wherever the authority and influence of Florida's Board of Health shall reach.

H. SELECTION OF MEDICINES.

The love of distinction, the hope of profit, the necessities of an over-crowded competition, are constantly co-operating with the laudible desire of doing good, to bring other new remedies, or new modifications of old ones; and invention is tortured, not more in the production of the novelty, than in the collection or creation of plausible evidence in its favor.

Though happily but a few centuries distant from the commencement of this more rapid course of accumulation, we have already, as may be seen by consulting our works on Materia Medica, a vast list of medicines and preparations, more or less different from each other, recognized by the collective standards. What is to be done? A few centuries hence, if this respectable list shall go on increasing in the same ratio, we must be content to leave, together with many other equally puzzling questions, to the decision of posterity, whom they especially concern. For us it is sufficient to bear our own burden, and to take care that its magnitude do not overwhelm us. It must be obvious to you that, after throwing away nineteen parts of this list as useless, it will still be necessary to make a cautious selection out of the remainder, in order to bring it within a manageable compass. The young physician, who has as yet had little experience, will necessarily be guided, to a great extent, by the recommendation of older heads or by the dicta of the medical author in whom he may happen most to confide; but it is desirable that every one should, in some measure, be enabled to form a judgment of his own, and not surrender himself to an exclusive dependence, which may have a favorable or unfavorable issue, as accident may determine the character of the authority upon which the dependence is placed.

Perhaps, being a physician of nearly thirty years experience, I may be able to supply a few hints, which may be of some service to the young physician, in the exercise of a suitable degree of independence in his choice of medicines.

Doubtless, all of you are aware that, in every country or community in which the profession of medicine is properly regulated, there is a standard, in a greater or less degree authoritative, which determines the particular medicines to be used, and the modes of preparing them. Such a standard is denominated a "pharmacopœia." Our pharmacopœia professes to give a list of all the substances, whether in their crude or prepared state, which are necessary to the practice of medicine in this country.

As this list was originally prepared, after a due comparison of sentiment, by eminent physicians from various parts of the United States, and has since, on various occasions, undergone a most careful revisal, in which reference was had to prevalent medical and pharmaceutical opinion and practice throughout the country, it is to say the least of it, much more likely to afford a just rule for the guidance of the young practitioner than the decisions of any single individual, however prominent. I do not wish to restrict you absolutely to the use of medicines recognized by our national standard. This would be to demand a subserviency, incompatible with that freedom of thought and action which is essential to any improvement of our therapeutics, and even to the most efficient exercise of known methods of cure. But, as a general rule, you will be most safe in not going beyond the limits of the officinal catalogue, until a judgment, matured by experience, shall enable you to estimate duly the character of newly asserted or revived pretensions. You will assuredly find in this catalogue abundant materials wherewith to operate in your first practical attempts. Its copiousness, indeed, is much beyond the necessities of ordinary practice; and you will by no means be exempt from the duty of a careful selection, even should your field of choice be strictly limited by its authority. It is advisable always to seek, in the medicines you select, an energy proportionate to the character of the disease; and especially to avoid the habit into which too many fall, of resorting to the most powerful on every occasion. There is a class of practitioners who seem to look upon diseases as the Stoics did upon sins, as all equally heinous. No sooner do they catch a glimpse of something suspicious in the distance, than they conclude at once that it is an enemy, and, without estimating his strength, prepare to crush him by the most energetic measures.

Happily, this disposition is less prevalent than formerly, and, in our parts, has in a great measure left the regular profession to seek a refuge among empirics. All I mean is, that the character of the medicine and its dose should be regulated by the nature of the disease; that we should treat mild cases by lenient and persuasive measures, and launch our big guns only at the refractory and the violent.

From all that has been said, then, you will infer that while, on the one hand, I would avoid the untimely use of powerful medicines, or of exaggerated doses, I would reject anything not possessed of certain well ascertained powers or useful properties, and would above all things eschew the practice of heaping together discordant or ill understood materials in one empirical recipe, I would, on the other hand, strenuously advise the physician to make himself acquainted with as many medicines, of diversified properties, as he has the opportunity to study and the capacity to store away in his memory. There is a strong leaning in human nature towards what is new. This is peculiar to no age, country or condition. Let a new scheme of physical improvement be proposed; we seize the idea with eagerness, and dash headlong on with it, taking the bit between our teeth, and utterly disregarding the guidance and the restraints of prudence. Let a novelty in philosophy, or science or religion or medicine be started, and, true or false, we swallow it with avidity, allow it half digested, to enter the vital current, and then, by the force of our thousand hearts, send it circulating through every portion of the system, either to be thrown off by our healthy energies, or to become incorporated in our structure, and henceforth to form, as the case may be, a wholesome or noxious part of the constitution.

You can't look around you for a moment without being made sensible of this fact. I will cite a few instances. But without going further, I will point to the exaggerations of mesmerism, phrenology, mind cure, clairvoyance, spiritualism, faith cure, etc., in philosophy and science; to Mormonism in religion, and to homœopathy and hydrotherapy in medicine, not to speak of that tornado of pills and potions which is raging at this moment with an almost unexampled fury through the whole land. It must be clear to you that this restless love of what is new, while it is producing much good, it is working also

no inconsiderable amount of evil. It is true that we are reaping the intellectual and physical advantages of a quick reception and rapid circulation of moral and scientific truth wherever it may first come to light ; but have we not also circulated the poison with the nutriment ? And are not our judgments weakened, our morals tainted, and our mental habits vitiated by familiarity with the outpourings of European folly and vice, not to speak of the corruption which is general in our own moral body, and circulated with the rest ? It is true that we have become familiar, in medicine, with the numerous and most valuable truths which the last half century has developed ; have learned to see the secret workings of disease within the recesses of the breast and heart, and have received the inestimable gifts of a great number of valuable remedies, too numerous to mention, but have we not also received error along with the truth ? Have we not felt the influence of false doctrine in every vein and fibre, and do we not still feel it counteracting the wholesome workings of the efficient and the true ? And do we not behold every day patient after patient dropping out of the hands of regular practitioners into those of mere pretenders ? It may be asked, are we, therefore, to reject all that is new ? Are we in all instances to decline the good lest we receive the evil along with it ? Certainly not. But we should endeavor to control this inordinate love and eager search of mere novelty. Instead of taking a thing to our bosom because it is new, we should receive it at first with suspicion, and should make its novelty a reason for a close and sifting examination of its character. When a stranger presents himself to us, do we receive him at once with open arms, introduce him into the midst of our families, give him access to our dearest treasures, and thus open, perhaps, to fraud and villainy the path to their evil ends ? Do we not rather ask for his credentials, and then afford him a fair opportunity for proving his worth before bestowing upon him our whole confidence ? So it should be in our art. So it should be in our choice of medicines.

There are few things in which we are more apt to be led astray by the love of novelty than in the choice of medicines. All the most valuable and best tried instruments of our art are but too apt to fail in obstinate cases of disease ; and, even where success is probable or certain in the end, it is too often slow. In our extreme anxiety and

impatience we are ready to catch at any aid that is confidently held out to us; and as most new medicines or preparations come recommended by a never-failing success in the hands of their introducers, we are not without seemingly reasonable hope of advantage from them.

In addition to the mere inducement of novelty, we have the uneasiness under a heavy responsibility, and the fear that we may leave some possible means untried of acquitting ourselves well in the almost fearful charge entrusted to us. Many yield to these influences and make an eager trial of the new remedy. Perhaps accident and those various circumstances which very frequently conspire to produce a false conclusion as to the efficacy of a particular treatment may work in its favor, and we may thus, from a partial experience, acquire a confidence which may lead to its further and more extensive employment, until the tide of fortune changes and repeated failures at length conduct us back to a just estimate of its value. The continuance of the same causes leads subsequently to similar results.

With each newly proposed remedy we run the same round of promising trial, partial success and ultimate disappointment; and the consequence sometimes is that, drawn off from established methods of cure in pursuit of these "ignis fatui," we find ourselves as unsettled in practice and opinion, distrustful of the old without having acquired confidence in the new, and almost ready to surrender in despair our reliance upon the efficacy of medicine. Let me, therefore, strongly urge you always in your choice of remedies to lean decidedly towards those of established reputation. Do not neglect the old tried servants of your professional fathers for the crowd of younger applicants for your favor, whose only claims are a new face, a good deal of pretensions and a list of recommendations from persons you do not know. But, at the same time, I am far from wishing to confine you to the paths before trodden and to close the access to something higher than we have yet attained. Well regulated efforts to widen the circle of the useful are highly laudable. What I wish to impress upon you is that you should not adopt a medicine because it is new; that you should in fact consider its novelty as a ground of suspicion, and should admit it into your confidence only upon strong and trustworthy recommendation, and after a strict examination into its merits.

I have only one other limitation to propose to you in your selection of medicines. Never, under any circumstances, employ those of which the composition is kept secret. Such medicines will be constantly urged upon your notice with the highest pretensions. The preparer will offer them to your acceptance and humbly beg for a trial, either in the hope of subsequently obtaining your recommendation, or at least with the intention of making use of your name. Your patients, yielding to the solicitation of friends, or prompted by their own secret hopes, will press you to permit or authorize their use. But steel yourselves against all such solicitations, and resolve that your hand, at least, shall not be the one to fix a stain upon the fair fame of your profession.

You may justly ask the reasons for such a positive rejection of remedies of asserted value. Is it not obvious that, so long as their nature and preparations are concealed, you can have no such certain knowledge of their mode of action as to justify you in their employment to meet any given indication? It may be argued, on the opposite side, that we are equally ignorant of the precise composition of many other well known remedies as they come from the laboratory of nature; that the secret medicine in question may have been so frequently tried, under every variety of circumstances, that, in relation to its physiological and therapeutical effects, it is as well known as those of legitimate character; and that we have no right to reject offered means of relief to our patient, however irregular these means may be. But the answer is clear: that a substance produced by nature, even though its composition may not be known, can always be relied on as identical, if obtained under similar circumstances and treated in the same manner; while, in relation to the secret medicine, you can have no such confidence, as its mode of preparation depends on the caprice or varying views of an individual not always of the best character; and, even though one parcel of it may have been profitably employed under certain circumstances, you can have no satisfactory proof that another parcel will have the same effect. But there are other and higher grounds for your utter rejection of such medicines. By allowing yourselves to be drawn into their use, you would give to unprincipled men the opportunity of citing your example as a rule to others. No matter how careful you may be in employing

the nostrum to confine it within perfectly safe limits, no sooner will you have touched the vile thing than the fact will be proclaimed wherever your name has influence ; you will be emblazoned in advertisements, and heralded in placards as its indiscriminate patron, and thus, even against your wishes, be made an instrument for extending its general reputation and establishing it in the public confidence. After this, it will be in vain that you may disclaim your asserted favor. You cannot but acknowledge that you have used it ; and all else that you may say will be ascribed to professional or personal jealousy, and will tend still further to benefit the empiric by the opportunity it will afford him of exhibiting himself to the public as a persecuted man.

Under these circumstances, would not your first inconsiderate step be answerable for a portion of all the mischief which may arise from the misapplication of the medicine ? Would you not, moreover, be lending your countenance to the general cause of empiricism ? Would not the whole rabble of quacks shout out your name as one of their supporters ? And would not your profession itself be in some measure degraded by this association of one of its members with such a cause ? It is highly important, therefore, to keep yourselves strictly within the regular limits. Exceed these, even though in a slight degree, and you lose all control over the result. You cannot calculate the evils which may flow from one false step. What is any possible advantage which may accrue, in a single case in which you might be disposed to employ the nostrum, compared with all this general evil ? I do not speak thus as a mere matter of course, but with a strong sense of the duties of our high calling, and of the imperative obligation of every member of the profession to avoid doing anything which might degrade its character and limit its sphere of usefulness. I beseech you, as you regard this character, as you value your own reputation and comfort, to keep yourselves clean from any taint of empiricism. Of what consequence is a pecuniary profit ? Nay, of what consequence are heaps of gold acquired by such imposture ? Does not a feeling of disgrace cling to their possessor through his whole life ? Does not the finger of scorn point to him while he lives ? and at his death does he not leave an inheritance of shame to his descendants, so that his son and

his son's son must blush at the mention of his occupation? I presume there is not one among you who would not rather be the offspring of the humblest wood-chopper or sweeper of the streets, if an honest man, than of the most prosperous quack who ever revelled in wealth purchased by a base course of deception, and at the cost of injury to thousands. You would shrink, of course, from leaving to those who may come after you a legacy which you would look upon as a disgrace from one of your own predecessors.

But I have been led away from the point to which I wished especially to direct your attention. There is no danger of your becoming quacks; there may be some that unless carefully on your guard you may afford that degree of countenance to quackery which is implied in the occasional employment of secret nostrums. Let me again urge you, even at the possible chance of losing a temporary advantage, to shun them altogether, and, so far as your influence may extend, to discourage their use by others of your professional brethren.

I have now brought these general remarks in relation to your choice of medicines nearly to a close, and will sum them up in a few words; that is, you should ever be mindful of your duty to your patients, and the responsibility to your brethren in the profession.

THOS. P. GARY, M. D.,
Ocala, Fla.

K.

GYNECOLOGY.

At the last meeting of the Florida State Medical Association I was appointed chairman of the section on Gynecology.

I have thought it would be appropriate at this time to say something of the history of the subject, and then, in a very brief manner, call attention to a few of the diseases constantly met with by the general practitioner in this department of medicine, and ask some discussion of the same.

Two thousand years ago Aristotle, a celebrated philosopher, said: "Probably all art and all wisdom have often been already fully explored, and again quite forgotten." A similar line of thought gave expression to the aphorism, "Progress is in the direction of a circle rather than in that of a straight line." The history of gynecology is rich in illustrations of the truth of these quotations from the writings of wise and thinking men of antiquity.

Not many decades ago the speculum, the sound, sponge tents, and, in fact, very many of the most valuable instruments and appliances of the gynecologist, were believed to be creatures of the present century. Yet a learned commentator on the works of Hippocrates, who lived more than four hundred years before the Christian era, asserts that "these works furnish the most indubitable proofs that the obstetric art had been cultivated with most extraordinary ability at an early period." The writings of Celsus and Galen speak clearly of the use of the speculum vaiginae in contradistinction to that of the speculum ani, in the first century; so that it is now known to have been described and used as far back as the very dawn of the Christian era, and it can be easily inferred that it existed and was used at a much earlier date. For the writer of any age gives a digest of what is known, not only by his contemporaries, but by his predecessors. It is claimed that the writings of Aetius, compiled in the sixth century, carry the student back in his researches over a period of one thousand years to the time of Hippocrates, the "Father of Medicine."

This writer had access to the wonderful library at Alexandria only a short time before its destruction. One is lost, bewildered, in contemplating what might have been revealed to the student of the arts and sciences by its six hundred thousand volumes if it had been spared as a legacy for all future generations.

As further proof, positive proof, of the antiquity of the female speculum, and hence of the science of gynecology, and that "there is nothing new under the sun," a very few years ago, when the city of Pompeii was brought forth to the light of day, after a sleep of nearly eighteen centuries, and all the details of the habits and customs of its inhabitants, as they existed on that awful day of her burial, were subjected to the scrutiny of the curious, a speculum vaginæ, not dissimilar to some that are in use to-day, was found.

Was this speculum a young creature—a child in its infancy—when it, with the city of Pompeii, was overwhelmed by the dread giant Vesuvius in the year A. D. 79? Who can say it was not even then hoary with age; that it had not existed and witnessed the rise and fall of many nations, and the seasons in their order for many centuries before it was entombed and lost to the sight and memory of mankind?

After the vandal torch had consumed the great Alexandrian library, and following the valuable writings of Actius of the sixth century, there is a period of many centuries in which gynecology seems to have been little heard or thought of. This period was rendered more obscure and impenetrable, as to our subject, by the decrees of the Moslem religion, which forbade examination by sight and touch of the female genital organs by male physicians; and hence, while there was progress made in other branches of medicine, this religious interference acted as a complete bar to progress in the investigation and treatment of diseases peculiar to women. None but women were permitted to see and touch the diseased female organs, and as the female M. D. did not then have a being, all examinations and all treatment, of a local character, were left to ignorant midwives. Consequently, all knowledge of the subject that had been handed down from the preceding centuries soon fell into disuse and decay, and gynecology became a lost art for a thousand or more years.

The rediscovery—if such it can be called—of the speculum, by Recamier, in the early part of the present century, created a new interest in, and gave a new impetus to, the investigation and treatment of female diseases. In spite of existing prejudices it soon found its way into every civilized country. Medical men everywhere became active investigators in this long neglected branch of medicine. In no portion of the globe was there manifested more activity and deeper research than in our own country.

The new labor and progress inaugurated by the renaissance of the speculum in 1816 were more than redoubled about the middle of the present century, when J. Marion Sims gave to the world a new speculum and a few monographs on vesico-vaginal fistula, and kindred subjects. The indefatigable labors, the wonderful ingenuity and skill of J. Marion Sims had the effect of drawing the eyes of the medical world to this country, and in an incredibly short period of time earned for him the title of "Father of American Gynecology."

So much has been accomplished by the use of Sims' speculum that it has been enthusiastically and truthfully asserted that "it has been to diseases of the womb, what the printing press is to civilization, what the compass is to the mariner, what steam is to navigation, what the telescope is to astronomy."

It was Sims who first made gynecology a specialty. Since his contributions to the science and art, the literature on this and allied subjects has gone on increasing month after month and year after year, almost in geometrical progression. Since his day many able men have made it and are making it a specialty, and are giving their life-work to it. To mention any names among the many great men thus engaged would be invidious. It is a matter of pride to us, however, that American men and minds have done their full share in contributing to its advancement, and in all future time the names of many American gynecologists will be imperishably inscribed upon shafts of marble, erected to commemorate the achievements of those who are honored and loved as benefactors of the human race.

N. D. PHILLIPS.

L.

STATE MEDICINE.

State medicine, or State hygiene—the terms being synonymous—deals with the highest possibilities of civilization, and is properly that science which teaches how the human race may attain the greatest longevity, and how disease—nature's greatest enemy—may be battled with and overcome. Long life has in all ages been considered a blessing to be desired and sought after. In the Old Testament it was promised to the upright and obedient; Solomon says of wisdom that "length of days is in her right hand," and in comparison places in her left—as of inferior value—"riches and honor." The philanthropist, as a sanitarian, now puts forth his energies to prevent disease, and, laboring in this direction, investigates into the minutest detail, all causes operating upon or influencing the life of the individual from the moment of conception until the fulfillment of the allotted three score years and ten. Indeed, a writer in one of the late medical journals goes further and maintains that it is the duty of the hygienist to prevent the production of puny, sickly and ill-shaped children by counseling against the conjugal union of those whose physical development precludes the possibility of healthy results; thus making it difficult to determine at what particular period such preventive measures should be enforced. It is gratifying to believe that it is becoming an obsolete custom among the educated and enlightened people of this age to consider disease and death as just punishments from an offended Deity. Science marches in the advance column of Christianity and seeks to remove from the minds of the ignorant the belief that a merciful providence is necessarily an avenging judge, and to impress upon them the fact that disease comes from a wilful and persistent refusal to recognize the just demands of natural laws as the causes which operate in its production and which are daily in plain sight, and that it is not only the precursor of pain, poverty and pauperism, but results in death and bereavement.

THE VALUE OF LIFE.

The political economist realizes that human life has a commercial value, and that the wealth of a community, singly or as a whole, in the aggregate, bears a direct relation to its freedom from causes of disease; he also is brought face to face with the fact that the citizen in his struggle for position and wealth sacrifices nerve, energy and muscle, and through total neglect of hygiene succumbs in comparatively early life to mental strain through an overtaxed brain. An eminent member of the medical profession in an excellent address very truly and pointedly says: "It is time that the people should know that man is not made to be racked with pain or broken with disease; when one sickens it is because of physical pain; a broken law is at the bottom of every bodily ill, and the man who dies before old age is as clearly sacrificed as is the felon strangled on the public scaffold. The world rings with indignation when it hears of the hanging of an innocent man; how it should howl at the appalling array of premature deaths! Mankind is often his own executioner; tolerating disease is a crime, and every premature death is a murder." If then, every human life has its corresponding value in dollars, and each death that much decreases the wealth of a nation, it certainly is to the selfish interest of every citizen to foster those agencies and means offered by science which will improve the physical condition of man and thereby increase the intelligence as well as the wealth of the country. The prevention of disease is equal in importance to the art and skill displayed in the treatment of the same; and preventive measures and public health matters go hand in hand with (if they do not actually precede) therapeutics and the practice of medicine. The chair of hygiene in the medical universities ranks in importance with those of the other sciences, and no student can be considered to have completed his education in medicine without having acquired an intimate knowledge of this particular branch. The medical profession has always been credited as the proper conservator of the health of the people, and to-day it is rare for any public work to be undertaken which bears at all upon the health of a community without an appeal being made to "the doctor" for his professional opinion as to the wisdom of the proposed measure; therefore the physician is not only expected to be—

and should be by reason of special education and training—the natural teacher of this science, but through his profession must the personnel of trained sanitarians be furnished.

TARDY LEGISLATION.

It can be truly said to the credit of the medical association of Florida that it is largely due to the continuous and persistent appeals, made at each of its annual gatherings, that any interest in State medicine has been aroused in the mind of the general public. As far back as 1874 efforts were made to induce the legislature to create a State Board of Health, and bills have been formulated and introduced at each session of the legislature from that time to the present; the individual legislator had been sought and argued with upon the subject; but the appeals, though based upon reasoning and logical facts, touched no responsive chord in the minds of the law-makers until the scourge of 1888 came with such terrible force on the southern and eastern sections of the State. As harsh as may be the accusation, it is nevertheless true with potent accuracy, that the legislature of Florida, in its session of 1887, by deliberate refusal to pass a measure to create a central State health authority, when pestilence was then raging in the second city in population in the State, is directly chargeable with the loss of life (and its consequent miseries to the living) that followed in 1888. At that time the writer had just left the chair of the presiding officer of this honorable body, and was at Tallahassee urging upon the sanitary committees of both the Senate and the house the necessity for action, when news of the outbreak of yellow fever in his own city reached him. Efforts were then redoubled to secure the creation of a State Board, which should be armed with sufficient power to control, and ample funds to prevent, the spread of the disease beyond the island of Key West, and to limit it to certain localities in the town and thus stamp it out. To personal prayers were added a special message by the Governor, and although the House passed the bill, the Senate, because of fancied detriment to certain sections, tabled it for an indefinite consideration. I do not wish to be unjustly or unduly cynical, but the thought that comes to me is, that fear for the possible future exerted a more potent influence in shaping public sentiment toward the creation of a State Board of Health than a just

appreciation of the far reaching benefits that would accrue to the health and wealth of the State through such an organization.

BORN OF FEAR.

The birth of the State Board of Health of Florida, although of healthy and vigorous conception, was, I am sorry to say, prematurely hastened by fear which, never a factor for good at any time, is doubly pernicious when influencing health matters as predisposing to panics and extremes of action. The reaction by which it is always followed settles itself invariably in apathy and indifference, and it is this false sense of security, because of the fortunate freedom from danger of the past year, that does now and will in the future threaten or cripple the usefulness of that body. Since medical men are the natural teachers of sanitary medicine, and since the members of this body have been the agitators and pioneers in this field of work in Florida, it is to them that the State Board of Health must look for aid by individual teachings, in their respective localities, of the measures that it has mapped out for the preservation of the health of the citizens of the State. Of these the collection of vital statistics is one of the most important.

IMPORTANCE OF VITAL STATISTICS.

When the State Board of Health was organized, one of the principal objects sought to be gained through its rules was to obtain monthly reports of vital statistics from the different counties, and by publishing them to keep the people of the State fully informed of the true status of health matters, and in this way to keep down the false and damaging reports from idlers and gossips. The attempt was made to have the County Boards of Health collect these statistics of births, marriages and deaths from the towns in their several counties, and to forward them to the State Board for consolidation and compilation, so that at the end of each year reliable data for determining the increase and death rate in the population of the State might be given. For some few months—possibly three or four—there was some interest shown by a few of the County Boards of Health, but never at any time did more than eighteen out of the total forty-five counties in the State respond in this particular. At the very commencement the work in this direction was hindered by the failure of the County Com-

missioners to levy any tax for the maintenance of the County Boards of Health, thus preventing the accomplishment of much work in this direction, in a few instances it being done gratuitously. The argument of "want of funds" to pay intelligent collectors of information in this particular field was one that could not be refuted and, as the State Board had no authority under the peculiar construction of the law of its organization to expend any of its funds in this direction, the secretary of the Board was mortified to see a measure that he had specially recommended as being of the utmost importance in ascertaining the vital statistical knowledge of the State fall into (to use a popular phrase) "innocuous desuetude." The experience that the State had passed through in the preceding year of 1888, together with the uncertain knowledge as to whether the germs of yellow fever had been thoroughly eradicated, and the apprehension felt as to what might possibly develop in health matters during the coming summer, would naturally have deterred the Board from expending from its limited treasury any more than the barest necessities required. I do not wish to be understood as saying that the State Board is averse to paying agents to perform this health work in the different counties, as I am convinced from the experience of the past year that, if in the future the collection and compilation of vital statistics of the State are to be thoroughly made so as to be of any practicable value, this must be accomplished by paid agents of that Board.

APPEALS UNHEEDED.

I have dwelt somewhat in detail upon the cause which led to the mortifying failure—at the very commencement of the State Health Board's existence—to obtain the vital statistics from even the principal towns in the State, because it has been thought by some that not enough enthusiasm upon the subject has been evinced by that Board. This is an erroneous idea, for if written and verbal appeals as to the benefits that would accrue to special localities, that were then desiring a boom in business interests, could have availed anything, or could have aroused the slightest interest, I would not now have to complain of a lack of the information for which I sought. This work is of primary importance to the State, and the want of the knowledge which a careful and reliable table of vital statistics will furnish is felt by property owners, dealers in real

estate, life insurance companies and those engaged in all other public or private interests. The impress of the epidemic of 1888 is still felt by the timid investor, and life insurance companies in many instances either hesitate to accept risks in the State or demand such an increase in rate as will exclude the class especially needing the beneficent provisions of these corporations. It is claimed that, although the assertion is often made that Florida is a healthy State, there is absolutely nothing in a statistical way upon which to base this assertion, except a few old army records of Forts Brooke and Dallas, as made half a century ago, and valueless in practical applications at this time; this is true, and being true it serves as an additional argument in my appeal for reports from all sections of the State, by which I will be enabled to compile a table that will be comprehensive and intelligent. The State Board furnishes blanks free for these collections, gives all information as to the manner in which the work is to be done, and the good that can be accomplished depends upon the moral assistance and individual support rendered it by the physicians and the public-spirited citizens of the State. It is not enough that an act has been passed by the Legislature creating a State Board of Health, and that that Board has made certain rules and regulations, but it is demanded that these rules be enforced, and to enforce them the people must be educated to a knowledge of sanitation, and must learn what benefits will accrue from the practical application of such knowledge.

UNIFORM NOMENCLATURE NEEDED.

Before leaving this subject of vital statistics, let me say a few words in regard to medical nomenclature. That there is no standard nomenclature of disease in use by the profession in this State is evidenced by several of the monthly mortuary reports that have been received, giving deaths from "heart disease," "thrown from a buggy," "from child-bed," "female complaint," and other such general causes. The Medical Association of Florida should, through a committee, adopt a nomenclature of diseases and distribute the same gratuitously and extensively over the State; then the Board of Health would require a strict conformity to this nomenclature by those from whom reports should come, and the confusion of terms that embarrass many of the reports should be avoided.

PURE WATER.

The question of food, its quality, preparation and freedom from injurious chemical substances is one that can justly be considered under the head of State medicine. In many sections of the country inspectors, vested with State authority, are appointed to investigate as to their purity certain articles of both liquid and solid food. Indeed, this subject has but recently been considered by the general government. I cannot at this time discuss the subject of food in its entirety, but do wish to direct your attention to an all-important constituent thereof, and one which bears largely upon the health of communities, namely, water. Equal in importance to the maintenance of health to sunlight and pure air and constituting two-thirds of the animal economy, it becomes an important factor in the act of living. I once heard a composition on water in which the writer said: "Water is a substance used for washing and to sail ships in, and some people drink it." It is only when people will drink water that is impure that an objection can be raised as to the use of too much of it, and water as a temperance beverage, from a medical standpoint, is then brought into disrepute. Artesian well water and rain water, properly filtered, are the only safe drinking waters; and the drinking of ordinary well water, which is so general in this State, is a practice that cannot be too strongly condemned. The wells for the most part are shallow excavations or are driven into the ground only a short distance and collect by seepage and too frequently the drainage from the dwellings and barnyards. The fact that water from these wells is free from color and odor argues nothing in favor of its healthfulness or harmlessness for human consumption, as very often such water upon analysis shows a large percentage of organic impurities and albuminoid ammonia in such quantity as to imperil the health of those using it. It is a difficult matter, I know, to persuade the people that in drinking well water they are, in a large majority of instances, poisoning their systems and inviting a long and tedious illness from typhoid fever which may result in years of shattered health and perhaps death. You will oftentimes be met with the argument (I know I have been) that this or that particular well has been used by the family for a long period of years with no apparent detriment to them, and no better water could

be found in the neighborhood. To the query as to the prevalence of fever or intestinal disorders, the answer will be: "Oh! yes; we have fevers such as are usual about here, but we always have had them at certain seasons of the year." Now, it is the experience of many writers on this subject, that it is at certain seasons of the year—either at the dry season when the water is very low, or during the wet weather when the wells are filled to the curb—that the "continued fevers," as they are now called, generally prevail. If the people in the small towns and rural districts of the State will drink well water, they should be advised to boil it thoroughly and aerate and filter it before using.

A SIMPLE TEST.

A very good method, and simple in its procedure, to ascertain the quality of drinking water, is by the permanganate of potassium test, which chemical loses its purple color in solution through oxidation in the presence of organic matter. You are doubtless familiar with this, but will pardon my returning to the elements of chemistry, and it seems to me that the people would be more readily convinced of the danger which they are incurring in drinking water from old wells or wells in close proximity to cess-pools, barnyards or privy buildings by exhibiting to them this simple test, and "by the people" I do not mean the educated scientist or sanitarian, with whom it is not necessary to argue this question as he is already impressed with its importance, but I mean the laboring-class, which composes such a large portion of the population of our State, and to which a matter of this kind has to have ocular demonstration before it is accepted as a fact. By placing twelve grains of caustic potash and three grains of permanganate of potassium in an ounce of distilled water, a solution is had by which—in a rough way (although sufficient for all practical purposes) the purity of any given water can be ascertained. If to a glass of water one or two drops of this permanganate solution imparts a decided color, the water is safely drinkable; but if, on the contrary, the solution immediately loses its color and disappears, the water should be rejected for drinking purposes as probably dangerous. Probably five grains of organic matter are oxydized by one grain of crystalized permanganate of potassium; this, however, is of course only an approxima-

the statement. The Experiment Station at Lake City has in Bulletin No. 6 given the analyses of water used for drinking purposes in several parts of the State: this information, though interesting and highly instructive, is meagre as giving only one or two localities; but if even that much were heeded by the general public, much sickness could be prevented. It is earnestly to be hoped that Dr. Pickell will continue these investigations generally over the State and as rapidly as possible so that the people will be informed of the quality of the water that they are drinking.

DRAINAGE.

Another subject bearing directly upon the health of the people is drainage, both of surface and subsoil. In the Barnards counties of the State, during the heavy rainfall of the summer, the ground becomes so saturated that sometimes at a time water lies to the depth of several inches on the surface. I am satisfied that many of the malarial disorders occurring in the latter part of the summer and in the fall in these districts are due to this cause. Surface drainage by proper ditching, and subsoil drainage by unglazed terracotta pipes, will carry off this surplus water and prevent saturation, and the farmer and his family will turn to profit by increase in tillage and freedom from disease any time previously lost by sickness. This subject of reclamation of lands is one of great importance to the State in point of wealth as well as health, and I briefly touch upon it—the longer time to more than do so—with the hope that in your conversation with the lawmakers of the State you may direct their attention to this matter. It is not my intent to make a long paper of this kind to enter upon a discussion of sewerage, a matter closely allied to drainage. The plans that have been adopted at different times and under different conditions for disposing of organic matter are numerous, but the various systems which I have studied and examined into, I unhesitatingly give the preference—as better applicable to the towns of our State—to the system proposed by George R. Waring, Jr., of Newport, R. I. This system, concisely stated by himself, is:

THE WARING'S SYSTEM.

The use in the construction of sewers of pipes with diameter adjusted solely to the evacuation of dirty

water and faecal matter, to the exclusion of rain water ; (2) ventilation of sewers and the house-drains by a large number of air-inlets and of pipes opening above the roofs ; (3) direct communication of each private drain with the sewer without the interruption of a diaphragm or hydraulic seal ; (4) daily washing of the sewers by flushing with water accumulated in tanks placed at their heads."

The only city that has adopted this system is Pensacola, where in the four miles completed of the sixteen proposed the working is excellent and all that could be desired. I strongly recommend it for seaport towns as being reasonable in expense and satisfactory in results.

There are only two cities in the State that can lay claim to possessing any system of sewerage at all, namely, Jacksonville and Pensacola. St. Augustine, Palatka, Tampa, Green Cove Spring, and perhaps some other towns in the State have one or two private sewers.

ONLY A FANCIED DANGER.

There has been some uneasiness expressed in some localities bordering on water courses concerning the safety to the public of such communities by the discharge of sewerage into their streams of water. This uneasiness I think can be allayed, and it can be safely stated—such statements being based upon facts which experience has proven reliable—that when the body of water receiving the sewerage from any given town is sufficient in quantity to dilute it, it will also furnish an abundant supply of oxygen for its complete destruction, this supply being inexhaustible by absorption from the surface. This destruction is aided by the fish and the development of micro-organisms, the bacteria of various kinds and through nitrification: what otherwise is not consumed is resolved into its elements, and serves as food for sea weeds and other vegetable growths; so there is absolutely no danger of the substance discharged from the sewer pipes into the streams ever becoming a sanitary nuisance. The material coming from these pipes is little more than dirty water; of course it contains the faecal waste of the town which is cleansed, but by the time it reaches the stream it is so dissolved that it has lost its original character almost entirely and is free from offensive odor. Such was the result of my experience in Pensacola while inspecting the sewers of that city; therefore I think

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other towns in the State similarly situated need have no apprehension in constructing sewers that will empty into rivers or large streams near them.

DISINFECTION.

The majority of the cities of the State being unprovided with this means of disposing of their filth, it becomes necessary to consider the best methods for controlling decomposing organic matter in such a way as to render it harmless to health. The disposal of human excreta is the most important part of this problem. Now, how may it be accomplished safely and with little cost to the citizen? I answer, by collecting it in buckets or tubs, disinfecting daily the receptacles with their contents, and, as often as may be necessary to cleanliness, to remove the buckets or tubs as speedily as possible a distance from any human dwelling, empty, and again disinfect the contents by germicides and dry earth or, as I much prefer, treat by cremation. The use of vaults is pernicious even when made water tight, for there is still danger from air contamination unless a large amount of disinfectants is used, and, as they are rarely tight, the leakage into the surrounding soil is extremely dangerous as producing contamination of water in wells which are used for domestic purposes. The best disinfectants for excreta are, in the order of their efficacy, as given by the committee on disinfectants of the American Public Health Association, as follows:

(A.) For sick-room: 1. Chloride lime in solution, 4 per cent. in the absence of spores. 2. Carbolic acid in solution, 5 per cent. 3. Sulphate of copper in solution, 5 per cent.

(B.) 1. Mercuric chloride in solution, 1:500. 2. Carbolic acid in solution, 5 per cent.

(C.) For the disinfection and deodorization of the surface of masses of organic material in privy vaults, etc.: Chloride of lime in powder. A proprietary article (the formula of which is given) is manufactured at Orlando, in this State, under the name of "Phenyle." It is a good deodorant, and if it possesses the constituents given out in the formula, should be a very good germicide. It is, however, rather costly and beyond the reach, in this respect, of the general public.

DESTRUCTION BY FIRE,

The utmost cleanliness should be exercised in and about privy buildings, which should at all times be kept "limed" both inside and underneath. Garbage of every description should be burnt, fire being the most thorough and certain means of disinfection. Cremating furnaces are now constructed on scientific principles and are being daily so perfected as to insure the complete combustion of everything put in them, even to liquids. During the past year the Engle company has experimented largely in this direction, particularly in Jacksonville, and, I think I am safe in saying, has perfected a plant that will do everything in this regard that is claimed for it. I would earnestly impress upon you the benefits to be derived from cremating garbage together with the refuse and trash that daily accumulate in towns and about dwellings; it is the only safe and cleanly way of getting rid of it. Let me beg of you to give publicity to these views in your cities, talk of them to your neighbors, particularly to those vested with municipal authority, and so influence your city officials to adopt these sanitary measures.

Wash-water and dish-water should, in the absence of sewerage, be carried some distance from the dwellings and distributed over a large area. Caution your patrons against emptying slops in one place and thus prevent the formation of cess-pools. Where cess-pools and vaults exist typhoid fever may be looked for. Abolish and rid your towns of these and other kindred filth germs at once, and caution the authorities against the placing of decomposing matter of any description in the vicinity of springs or wells, the water of which is likely to be used for drinking purposes, and advise every one around you to let into their houses sunlight and air, these being nature's great purifiers.

There are many other subjects embraced under the general term of State medicine which could be interestingly discussed at this time, but in laying before you the importance of vital statistics, water and drainage, I have touched upon the questions that I consider at this present of the greatest moment, and I trust that sufficient interest will be aroused to be fruitful of good results in the very near future.

Florida cannot be said to have any endemic disease that is not preventable. I believe that nine-tenths of the sickness that afflicts the native population is preventable; therefore a terrible responsibility rests upon the physician and sanitarian should he fail to advise those not informed of the means at hand for preventing sickness, suffering and death.

JOSEPH Y. PORTER, M. D.

M.
MICROSCOPIC AID IN DIAGNOSIS.

Mr. President and Gentlemen of the Florida Medical Association :

I will claim your attention for a few moments to the aid which the microscope furnishes us in diagnosing diseases which before its use were obscure or difficult of determination at their incipiency.

I do not propose to enter into the clinical conditions or the treatment of diseases, but endeavor to point out the value of the microscope as an aid to diagnosis. I will discuss the subject under three heads:

1. The Tubercular Bacillus.
2. The Gonococcus.
3. Casts or other foreign elements in the urine.

The common root of all diseases we are now taught are germs or microbes. They exist everywhere. They come to us in the air we breathe, in the food we eat, and in the water we drink. They are found in the whole system, and many, if not all, the diseases which poor humanity suffers from have been traced to them. Hence, we have the Tubercular Bacillus, the bacillus of typhoid fever, B. pneumonia, B. lepra, B. mali of glanders, B. diphtheria, of syphilis, of cholera, of tetanus, of gonorrhœa, etc., *ad infinitum*. It is to the use of the microscope that the advances made in the study of disease have been accomplished in latter years, and we may say, a revolution has been made in the practice of medicine, which in time will no doubt make it an exact science. It has led up to antiseptic surgery, and the treatment of many diseases has undergone an entire change. Since the discovery of the Tubercular Bacillus by Koch, in 1882, the value of which consists in the incontrovertible proof that a bacillary process is taking place at some portion of the respiratory tract, the nature of these affections, which formerly were not recognized as so-called tuberculosis, and probably could not be so recognized because the clinical picture which their course presented more frequently simulated that belonging

to other affections, is particularly made clear to us by this means. Dobell says: "That this ghostly denizen of our microscopic world, although so recently revealed to us, is no new-comer. We find that our forefathers pickled it unconsciously and put it away in the bottled specimens of tubercle, to be found in our museums." No disease has ever claimed so much study as tuberculosis, and the importance of its study is evidenced by the fact that it destroys one-seventh of all mankind. Its history is so interesting and important, as showing how the gradual growth of our knowledge of its different phases has led to the present conception of its nature. We may now define tuberculosis as "an infectious disease, caused by the tubercle bacillus and characterized by the production of tissue in the form of nodules, and as a more diffuse infiltration, and rapidly undergoes caseation."

History—Reference Hand Book Medical Science, Vol. VII, page 279:

"The history of tuberculosis falls naturally into five periods, three of which at least are quite distinct, in that they date from the discoveries of distinct individuals, Bayle and Laennec, Villemin and Koch. The first is the period of ancient history. During all this period the disease was observed only from a clinical standpoint. The second period, beginning with the birth of anatomy in the sixteenth century, furnishes the first definite knowledge regarding changes or lesions of structure. The third period followed the publications of the discoveries of Bayle and Laennec in the first quarter of the nineteenth century, declaring tuberculosis a separate affection due to the deposit of tubercle, a specific product independent of ordinary inflammation. This period is made more distinctly memorable by the discovery of auscultation as a means of diagnosis. It was the genius of Laennec in the discovery of auscultation which first rendered possible a diagnosis of the disease in life. The fourth period was introduced late in the last half of the nineteenth century, with the inoculation experiments of Villemin, 1865; and the fifth was announced with the brilliant revelations of Koch, 1882, regarding the course of tubercle and the etiology of the disease. The work of Koch is so complete in all its details that since its appearance, in spite of the immense amount of anatomical work which it incited, nothing has been retracted from it, and but little

added to complete the pyramid which had so long been building, and to which so many observers had contributed something.

Koch, in the new Sydenham's Transactions, 1886, page 200, states his position as follows: "Now, tuberculosis is very rarely found in the foetus and the new-born, hence we must conclude that the infective material comes into operation only exceptionally during intra-uterine life. In my opinion, hereditary tuberculosis is explained most naturally by supposing that the infective germ itself is not inherited, but rather certain peculiarities favorable to the development of germs which may come in contact with the body; in fact it is the predisposition to tuberculosis which is inherited."

The germ which causes consumption is a bacillus, and is easily distinguished from other bacilli by its color reaction. They are 1-3000 to 1-12000 of an inch in length. They occur in the cells of the lungs, singly or in pairs and in bundles. They multiply by division—one bacillus separating into two, and by forming spores or seeds.

To stain the bacillus tuberculosis in sputa: First, press small portions of the sputa into thin layers between clean cover glasses. Second, separate the cover glasses by sliding one off the other, and dry in the air at ordinary temperature. Third, fix the layer of sputa on the cover glasses by passing them through the naked flame three or four times. Fourth, stain in carbolic fuchsin solution at least for fifteen minutes. Fifth, decolorize in a five per cent. sulphuric acid solution. Sixth, wash in water. Seventh, stain in a weak aquaous solution of metheylene blue. Eighth, wash in water and dry. Ninth, mount in Canada balsam.

I now show you the bacillus so prepared, under an oil emersion lense 1-12 objective.

State and municipal boards of health are looking after this bacillus with as much interest as they do other infectious and contagious diseases, since it has been so thoroughly demonstrated that it is the sputa of consumption which holds the germ, and through it propagated to man and other animals.

Consumptives should never be allowed to spit upon the floor or walls of a room, but in a vessel with some fluid in it, and then the sputa should be burned. Animals feeding on the sputa of consumptives die of consumption. Dr.

Cagny tells of a young consumptive who took care of a large number of chickens, and who amused himself by coughing for their amusement, which greedily devoured the sputa. Many of the chickens died of consumption and the germs were found in them. When Sappinier was causing dogs to breathe the putrid sputa of consumptives, a robust servant of forty laughed at the idea that consumption could be caught in this way. In spite of the warnings he went into the inhaling room, breathed the sputa dust and got consumption just the same as the dogs, and died in fourteen weeks of consumption.

Let us now consider briefly another micro-organism which is of interest. The gonococcus or the specific germ of gonorrhœa. In 1879, Keisser, of Berlin, discovered this micro-organism, which he claimed was the ever present essential element of gonorrhœal virus, and named it "The Gonococcus." He also established the fact that this parasite is identical with one which is found in purulent ophthalmia neonatorum. Many careful investigations in the field of bacteriology have confirmed Keisser's observations, and many others have denied them. The belief in the gonococcus is constantly gaining adherents and is being practically used at the present time by some of our best observers. There is no department in general medicine in which such unscientific and routine treatment is adopted as that of gonorrhœa. A small syringe and a collection of thirty or forty receipts for injections are the entire armament of the large majority of physicians. Certainty of diagnosis by the examination microscopically of the pus and urine are methods unknown to them. The presence of gonococcus in all urethral or vaginal discharges raises the presumption at least of its specific nature, its absence is equally convincing of its non-specific nature.

Keyes says: "I have frequently examined urethral discharges and intensely purulent ones at that, and failing to find the gonococcus, have pronounced the source of alleged contagion non-virulent, and the patient to possess a discharge which he could not communicate to another, and have not yet been proved to be wrong."

Drs. Bryson and Burnett, from observations of one thousand three hundred and ninety-four cases of gonorrhœa, draw the following conclusions: "There is no case of high inflammation without the presence of the gonococcus."

Keisser describes the gonococcus as follows: "It is large, and rarely found singly, is round at first and then becomes somewhat oval and occurs usually in pairs, lying close together and within the protoplasm of the pus cell as well as on its surface, showing a constriction through its long diameter, or having already separated, showing a pair of diplococci.

A magnifying power of 500 diameters is usually sufficient to find them, but an oil emersion lense, with power of 1000 to 1200, is much more satisfactory. A drop of pus is placed upon the glass slide and spread into thin layers by pressing or rubbing with another slide which has been placed upon it. This is then dried in the air or by passing it rapidly back and forth in the flame of an alcohol lamp—keeping the smeared side up. A drop of the gentian violet solution, or methylel blue in aniline water is now placed upon it for a moment, then washed off with a gentle stream of water from a wash bottle. A few drops of Gram's iodo-iodide liquid are then applied for a few minutes; after this has been washed off, a cover glass is placed upon it, and it is ready for observation. I can now show you a specimen so prepared.

I will now, in conclusion, consider briefly some of the aids we derive from the use of the microscope in diagnosing diseases of the kidneys by the examination of the urine for casts and other foreign elements. For years the chemical analysis of the urine was considered all that was necessary, but now it is well to supplement the chemical by a microscopic examination so as to remove all elements of doubt as nearly as possible. The mere presence of albumen in the urine goes to prove but little, for the albumen may be simply functional, or it may be what is called cyclic, and in neither case be a symptom of Bright's disease. On the other hand, it is well known that chronic renal disease may exist when the urine, as far as the results of a mere test tube examination go, give no indication of its existence. Hence, the correction of the test tube examination is the microscope. If tube casts and other microscopical evidences of chronic nephritis be found, then the suspicion aroused by the chemical test will be confirmed. Five classes of minute bodies are usually met with in sediments deposited from urine—crystals, casts, mucus, blood and pus corpuscles, foreign and extraneous matter. Normal

urine should never contain a sediment, and if crystals appear twenty-four hours after the urine is voided, it may be accepted as indicating a non-healthy condition of the system, whether temporary or permanent.

We will pass over the consideration of the different crystals, with which you are familiar, and consider briefly urinary casts. They are minute tubular masses of coagulated matter which form in diseased renal tubes, and are washed down into the bladder and voided in the urine. Their size corresponds to that of the tubes in which they are formed, and they differ in character according to the type and stage of the disease in which they occur. Five varieties of casts are now recognized; viz.: exudative or fibrinous, desquamative or epithelial, fatty, granular, and hyaline or waxy.

The distinguishing character of all casts is that they have uniformly parallel sides, and usually at least one rounded end, occasionally the other end is broken off at a right angle or a little irregularly, but they never terminate in imperceptible lines, as is the case with bands or streaks of mucus. Casts are very important aids in diagnosis. They are found in acute and chronic parenchymatous metamorphosis of the kidneys in acute diffuse nephritis and in the chronic diffuse varieties. It is difficult to preserve them, more especially if alkaline fermentation has taken place. I had hoped to show you some of them under the microscope, but not having had a case of Bright's recently under my charge, have not been able to get them.

J. D. FERNANDEZ, M. D.

N. PUERPERAL ECLAMPSIA.

The subject of Puerperal Convulsions is always a matter of interest to the obstetrician, not only because of its peril to the parturient or pregnant woman, but also on account of the obscurity of its cause, as evidenced by the difference of opinion among writers on this point. It is generally admitted that our knowledge regarding its nature and pathogenesis is imperfect; though in recent years it is, as a rule, conceded that more or less nephritic trouble, with albuminuria and diminution in the excretion of urea, is almost universally a characteristic concomitant condition, and therefore greatly conduces to the attack if, indeed, it does not constitute the pathogenic cause. The fact that a large number of women in whom renal trouble, with anasarca, is developed during pregnancy, escape puerperal convulsions, is the main argument against the theory or doctrine of the dependence of the convulsions on the renal disease. One great difficulty in discussing this subject is lack of accurate data as to the actual pathological condition of the kidneys, as indicated by the urine, preceding and during the attack of eclampsia. In private practice it is rarely that the physician can find either the time or the opportunity to make the necessary investigation to accurately determine the actual status of the urinary excretion. Five cases of puerperal eclampsia were reported to the Obstetrical Society of London, England, at its meeting Jan. 8th, 1890, by Dr. Herman, with the following brief synopsis of each case: "Case 1: First pregnancy; premonitory symptoms a few hours only before fits; convulsions commencing during first stage of labor at term not ceasing with delivery; ceasing after morphia; seven fits in all; temperature rising slightly during fits, falling after cessation of fits; diminution in quantity of urine during fits; diuresis after delivery and cessation of fits; urine during fits nearly solid with albumen (much paraglobulin), blood, and casts; rapid disappearance of albumen and blood after delivery; diminished elimination of urea during fits; increased elimination

of urea following delivery. Complete recovery. Case 2: Second pregnancy; premonitory symptoms three weeks before fits; intra-uterine death of foetus; fits coming on at eight months' pregnancy; eight fits; fits ceasing after morphia and before delivery; slight pyrexia, continuing four hours after last fit, then abating; polyuria throughout, temporarily increased after delivery; urine containing half its bulk of albumen (much paraglobulin); increase of albumen following fits; albumen diminished after delivery, but still persisting even months afterwards; diminution of urea elimination during fits; restoration to normal of urea excretion, commencing after cessation of fits; retinitis albuminurica. Case 3: First pregnancy; premonitory symptoms forty-eight hours before onset of fits at five months' pregnancy; about sixteen fits; spontaneous premature delivery; urine solid with albumen (largely paraglobulin); cessation of fits, fall of temperature, and diminution in albuminuria following administration of morphia and preceding delivery; diminution of urine and urea excretion (both absolute and in proportion to the urine) during periods of fits; re-establishment of urine and urea excretion commencing after cessation of fits and before delivery; recovery. Case 4: Ninth pregnancy: symptoms a week before fits, at seven months' pregnancy; three days treatment by milk diet in hospital before fits; retinitis; four fits only; morphia given after second fit; death by coma five hours after last fit; subnormal temperature; fits preceded and accompanied by slightly increased diuresis; albuminuria diminished by rest and milk diet; fits accompanied and followed by increase of albuminuria and haematuria; steady diminution in urea percentage preceding fits and continuing till death; absolute urea excretion diminished throughout, but no greater diminution preceding or accompanying fits; no necropsy. Case 5: First pregnancy; symptoms about thirty-six hours before fits at eight months' pregnancy; intra-uterine death of foetus; twenty-four fits in all, extending over sixty hours, and ceasing before delivery; delirium for forty-eight hours after fits; slight pyrexia. Dr. Herman pointed out the difference between the cases themselves and between them and other published cases, and draws the inference that puerperal eclampsia is a disease not having a uniform clinical history any more than a uniform morbid anatomy."

The estimated frequency of attacks of eclampsia is about in the proportion of one in five hundred pregnancies. Schroeder found that of 316 cases of eclampsia, 62 occurred during pregnancy, 190 during labor, and 64 in the puerperium, but all of the last within two days after the labor. Barnes quotes Van Wieger as finding in a total of 455 cases, 109, 236 and 110 in these three periods respectively; thus showing that more than half of all cases occur during labor. The total number of deaths from eclampsia reported to the Board of Health of New York city, in the nine years from 1867 to 1875 inclusive, was 408. The estimated maximum number of deliveries during that period was 284,000, or nearly one death to seven hundred confinements.

The character of the convulsions is the same as in epilepsy, with the exception of the cry which usually initiates the latter. The immediate attack may be preceded by twitchings of the facial muscles and sudden contractions of the extremities. The prodromic symptoms, consisting of headache, disorders of vision, tinnitus aurium, nausea, dyspepsia, anasarca, albuminuria and other less notable symptoms, may be present, though not always, for one or more weeks preceding the onset of the convulsive-seizure or inception of labor. The convulsions may last for only a few seconds or continue for several minutes, and recur at longer or shorter intervals, always leaving the patient in a state of stupor with stertorous breathing. The convulsive movements are so similar to those of epilepsy as to require no special description. The congested and cyanosed face, frothing of the mouth, and biting of the tongue, with clonic spasms of the muscular system, are all present, as in epilepsy.

The etiology of eclampsia has so far never been definitely settled; though the fact that parenchymatous nephritis is present in the vast majority of all cases, seems naturally to suggest uræmic poisoning. That urea in the blood in abnormal quantity—even to the extent of being exuded and encrusted on the surface of the skin—has not produced any of the nervous phenomina attributed to uremia, is a clinical fact related by Bartels. It may be, however, that the presence of urea in excess in the blood may interfere with the further retrograde metaphorosis for elimination of albuminoid substances derived from the tis-

sues in the nutritive process, resulting in the development of ptomaine or other analogous ferment. At any rate insufficient action of the kidneys is, as a rule, one of the most constant conditions of the urinary organs present in the puerperal convulsions. It is therefore not the mere retention in the blood, or non-excretion, of urea alone which produces the so-called uræmic poisoning, but more likely the retention of other substances in conjunction with the urea as the result of renal insufficiency, which may occasion the production of ptomaine or other analogous ferment. As to the more remote etiology of the parenchymatous nephritis with albuminuria in pregnancy, our positive knowledge is almost *nil*; and consequently only theory and conjecture can be offered. It is not improbable, however, that the condition of inopexia of the blood, so common in pregnancy, may play an important part in a causative relation to the renal affection in the way of promoting the formation of thrombi in the renal capillaries which have sustained impairment of vitality as the result of the hydremia, induced by the existing hypalbuminosis. It is furthermore probable that the blood of the mother may have its quality much altered by the excrementitious materials received from the foetus in its nutritive processes and rapid development, as well as that of the uterus itself, which increases in the course of gestation from an insignificant organ of two or three ounces to one of eight or nine pounds. The pressure of the gravid uterus plays a very insignificant part as a causative agent except so far as in exceptional cases it may embarrass respiration by pressure upward because of resisting abdominal muscles. But, besides any known or supposed cause, there must be an individual condition peculiarly susceptible at the time for the development of the uræmic phenomina, otherwise we cannot understand why eclampsia does not recur with every pregnancy or labor in those once attacked, nor why all women suffering with albuminuria do not suffer with puerperal convulsions. As in the etiology of all other diseases the *ultima thule* of rational causes is reached, only to find ourselves forced to recoil and shield our baffled search after knowledge under the obscure and unknown laws of biology pertaining to the individual—some idiosyncracy—rendering the subject peculiarly susceptible to nervous irritation.

As to treatment of eclampsia, there is no greater consensus of medical opinion than there is in regard to its etiology. Bleeding was the old-time remedy, and is still considered advisable in cases with marked cerebral congestion. Nar-cosis and anæsthesia are respectively advocated by others. Early delivery is favored by some and condemned by others in cases occurring before labor has set in. Free purging with croton oil or elaterium is generally recommended. The use of veratrum viride in large doses, so as to make a decided impression on the circulation, has been highly extolled by a few. The administration of potass bromide and chloral hydrate has apparently proven highly beneficial in a large number of cases. Pilocarpine has been used with alleged success. Within recent years the use of morphine in large doses, hypodermatically administered, appears to have given the best results. In my own experience I have resorted to nearly all of these remedies except pilocarpine, with the result of seeing some recover and some die. The use of chloroform to control the convulsions, elaterium to briskly purge, and chloral hydrate to allay nervous irritation, have appeared to favor me with the better results. It has seemed to me that where the convulsions were not of frequent recurrence the chance of recovery was about the same under any of these methods of treatment; but where the intervals between the convulsions were short and the patient remained comatose during the interval, death was the usual result. I have seen a few instances of recovery, however, in cases of which I had despaired; and hence I have made it a rule never to abandon a case of eclampsia of any kind while there is life. In my experience delivery has rarely put an immediate end to the convulsions; and in one instance the patient was not attacked until the third day after delivery. I have seen recoveries and deaths after bleeding, and after a resort to the various other methods of treatment. I have used morphine and veratrum with like results. In my last case, chloroform, chloral, morphine and elaterium were administered; the osuteri artificially dilated with the hand, forceps applied and a large dead child delivered, but all to no purpose in saving the life of the woman. In this instance the hypodermic use of morphine preceded by several hours the onset of the convulsions, and after the convulsions began, chloroform had little, if any, effect in controlling them.

It has appeared to me that in cases where no organic lesion in the brain, in the way of either a rupture of a blood vessel or effusion into the serous cavities occurs as a result of the convulsion, the patient is likely to recover. With the progress of the convulsions there is a rise of temperature, as is the case in other brain lesions ; and in this respect eclampsia differs from simple uræmic convulsions in which the temperature is generally sub-normal—a fact which I omitted to mention in its proper place.

JOHN P. WALL, M. D.,
Tampa, Fla.

O.

EPIDEMIC INFLUENZA, COMMONLY CALLED
"LA GRIPPE."

MR. CHAIRMAN AND GENTLEMEN: I assure you I appreciate highly the compliment you have paid me, and in compliance with your invitation I will submit for your consideration, as briefly as possible, some of my experience as a practicing physician and microscopist, with the disease called "La Grippe." I wish I could claim the honor of the discovery embodied in the following article.

During the year 1882 I was engaged in certain microscopical investigations for Prof. John Phin, editor of the "American Journal of Microscopy." While engaged in this work, I was requested by Prof. Phin to call on Dr. Ephraim Cutter, West Forty-seventh street, New York, and examine some specimens of rhyzopods, which the doctor claimed were the cause of "epidemic influenza," as he (Prof. Phin) could not attend to the matter himself, and was loth to admit the article Dr. Cutter wished to appear in the journal, without an examination microscopically. The professor thought Dr. Cutter might possibly have mistaken Ciliated epithelium for the forms he claimed to have found in the discharge accompanying the disease, although "Asthmatus ciliaris" (the name given the forms) were admitted in Kent's Manual of Infusoria, while Prof. Leidy denied their existence in his great work on "Rhyzopods" for the United States Government.

I called, as requested, on Dr. Cutter whose son was at that time suffering from the disease; examined specimens of mucus from his nasal passages, and for the first time saw the "Asthmatus ciliaris." They could not be mistaken for ciliated epithelium. I took some of the mucus to Prof. Phin, who agreed with me.

About six months after, I suffered from what appeared to be coriza or cold in the head. After suffering some days, I examined some mucus discharged, and found a number of living asthmatis in active motion, rocking

from side to side and gracefully waving their cilia. I have had this complaint four times since, and each time have found the same living organisms.

My last personal experience with the disease was during the spring of 1888. While serving on the staff of the Medical Bureau of Relief under charge of Dr. J. Y. Porter, during the yellow fever epidemic of the same year, one of the foreign physicians, who was in the habit of visiting at the bureau, called with me to see a patient suffering from yellow fever and who had the vomit. I took my microscope with me, and while examining some urine, noticed the doctor was suffering from influenza, and obtaining some of the discharge placed same under the instrument and plainly saw the living forms of "Asthmatus." The doctor also saw them distinctly. I afterwards exhibited them to Dr. Porter, Dr. Strauss and some of the other doctors engaged at the bureau.

While making the examination at Dr. Cutter's, mentioned in the first part of these notes, I was informed by him that Dr. J. H. Salisbury, former State chemist, was the original discoverer of "Asthmatus," and that he had written an account of the parasites in Dr. Haller's "*Zeitschrift fuer Parasitenkunde*" (Jena, Prussia). I afterwards obtained a copy of the article, which is given below:

"Infusorial catarrh is purely a parasitic disease arising from a peculiar animalcular organism armed upon one side with cilia. This organism assumes a great variety of shapes and sizes. By watching its development and metamorphoses under the microscope, it may be seen to transform itself into all the different forms represented in the figures from 1 to 17. The most usual shapes appear to be either spherical or oval, as seen in figures 1 to 8. Each frequently sends out a proboscis, at the end of which is an elongated and dilated cilium, as represented at 14, 15, 16 and 17. This proboscis may be in the center of the mass of cilia, as at 15 or 16, or at the side, as at 14 and 17. It may be drawn in leaving a nipple-like elevation, as at 10, or it may disappear entirely, leaving the organism oval (8) or spherical (6). The proboscis often only partially disappears, or is only partially drawn in, while a constriction occurs in the form, as represented at 13 and 14. It may be simply a largely dilated cilium, as at 17 and 18, or the cell walls may go out, forming a more or less sharp protuber-

ance, as at 15; or the walls may go still farther out, forming a more or less fusiform organism, as at 16.

The young are developed within the parent cell, and when mature are discharged at the end of the organism opposite the cilia, as seen at figure 18. The parent becomes quite dilated before delivering, and as the young one is discharged, the parent cell becomes shrunken and shriveled for a time. The aperture, however, soon closes, the wrinkled, shriveled condition of the sac walls disappears and the parasite moves about again, fresh, plump, and as lively as ever.



The cilia are in active motion during the greater part of the life-existence of the animal, and produce a most aggravating irritation of the mucus surfaces.

The young organisms, 1, 2, 3, 4, 5 and 6, have a rolling, rocking, vibrating motion from side to side, making about one-third of a revolution on the transverse axis at each oscillation. The more mature cells either vibrate slightly or have a tremulous motion, their cilia not moving altogether, as at 5, but vibrating in different directions.

Symptoms: After once obtaining a foothold on the mucous surfaces of the air passages, they multiply rapidly. At first they attack the mucous surfaces of the eye and nose, causing free secretion of tears and thin mucus, and often intense paroxysms of sneezing. The organisms gradually travel from the nasal surfaces down into the fauces, larynx, trachea and larger and smaller bronchi. As soon as they reach the fauces there is a burning heat and irritation in the parts that excites severe coughing. This tendency to cough constantly increases as they and the irritation gradually travel farther and farther down the air passages. When the larger bronchi are reached a heavy, hot, feverish pain is felt in the parts they invade, accompanied by flushes of heat and fever.

This stage is accompanied by most intense paroxysms of coughing, which are frequently long and most painful, especially in the morning. If the parasite makes its way into the smaller bronchi and air cells, asthmatic symptoms of a distressing character often supervene. The disease may continue according to the temperament and constitution and state of health of the patient; the irritation assumes a chronic form, and the sufferings gradually grow less and less until they disappear. In irritable, sensitive constitutions the irritation in the fauces, larynx, pharynx and bronchi becomes so great that the parts spasmodically close in attempts to swallow or to inhale air charged with anything which excites inflamed parts. I have no doubt from what I have seen that deaths may have occasionally occurred in the acute stages of this disease, from spasms of the pharynx and epiglottis.

Secretion: The cells from the mucus first secreted from the surface invaded, are large round mucus cells, not differing materially from those in health. Soon however, they begin to be shrunken and jagged, and in a few days they assume—many of them—the appearance and characteristics of pus cells (muco pus). The secretion is thin, clear and watery at first, and small in quantity—soon becoming thicker and more turbid. The cough is short and somewhat painful, and the invaded surfaces feel irritated, raw and hot. The cough raises but a small quantity at a time, and relieves the irritation and itching but for a few moments.

Whenever the parasites are developing rapidly on the velum palati most intense paroxysms of coughing are excited, which are long, persistent and painful, and sometimes are accompanied by severe spasms of the epiglottis.

Often an irritation and itching will be felt on one side of the throat only—exciting constant desire to cough. In such cases the irritation will always be on the side on which the nasal passage is closed. In such cases, inhaling remedies through the mouth very often fails to check the cough more than a few moments.

By clearing the nasal passage and inhaling through it, the coughing and irritation are soon checked. The reason of this is, that the parasites are developing rapidly on the posterior surface of the wing of the palate on the side of the nasal stoppage, and are constantly working down into the larynx and pharynx on that side.

Asthmatic symptoms: When the parasites reach the smaller bronchi and air cells—especially in irritable and sensitive constitutions—asthmatic symptoms begin to show themselves, and often become distressing and almost unendurable. Any excitement in the circulation aggravates the symptoms. The evening and night air always increase the sufferings.

Contagion: This disease belongs to those that may be transmitted from one individual to another, though the transmission is not very readily accomplished. In working very closely over about sixty cases of the disease, examining the sputa under the microscope for many hours together in each instance, and in several severe attacks, devoting days to the examinations, I have taken the disease but six times myself, and in two instances have transmitted it to my family. I have usually begun to feel symptoms of the presence of the parasite in from four to eight days after beginning to treat a case. In all of my late cases, I should state that I have taken precaution to inhale a solution of crystalized carbolic acid, one drachm to the pint of water, every two or three hours, and to take twenty drops tincture ferri-chloridi in a tumbler of water, two hours after each meal. This course has lately protected me from taking the disease.

Treatment: All means ordinarily used for colds or coughs are worse than useless in this disease. While they tend to get the system out of order, they do not retard the

development and progress of the causes. The remedies that do any good are such as either destroy or retard the growth and reproductiveness of the parasites.

Fortunately we have many agents belonging to this class, among which are carbolic acid, tinct. ferri-chloridi, quinia sulph., sulphuric acid, nitric acid, hydrochloric acid, etc., all of which remedies should be in solution with sufficient water, so they can be inhaled without producing irritation. The inhalations should be made freely, and as often as every hour or two. In addition to inhaling, give two grains of quinia sulph. every four hours, and twenty drops of tinct. ferri-chloridi in a glass of water, morning, noon and night. It is surprising how much a single thorough inhalation will relieve a suffering patient. If the sputa is examined before the first inhalation and then again after it, a remarkable difference will be observed in the condition of the parasites. Before inhalation they are in active motion; after it, if thoroughly done, they will nearly all be found either dead or motionless.

By inhaling at short intervals and thoroughly, one leaves no chance for the parasites to get very numerous; and soon the follicles become permeated with the inhaled materials, and the cause is entirely destroyed.

In addition to the above treatment, I have found the Benzoate of Soda the most efficacious remedy we have. It is applied as a saturated solution by means of the Nebulizer, the patient inhaling the nebulous vapor thus formed. It is very destructive to the life of the living organisms, and, if attacked promptly, they can be killed off in twenty-four to thirty-six hours. Yet others continue to be reproduced from germs for several days, therefore the treatment should be continued for about a week after the disease has apparently ceased to exist.

If the disease be not recognized, and is allowed to run its course unchecked, the treatment being applied to the accompanying symptoms and lesions, it will last a month. At the end of this time, these organisms will cease to be reproduced, either on account of the secretions becoming so poisonous that they can no longer exist in them, or they become "bred out," so to speak, and the disease will "disappear of itself."

This does not always occur, however; sometimes these infusorial organisms invade vesicles of the lungs, producing

an inflammatory action there. This occurring in the aged or debilitated, may end in death.

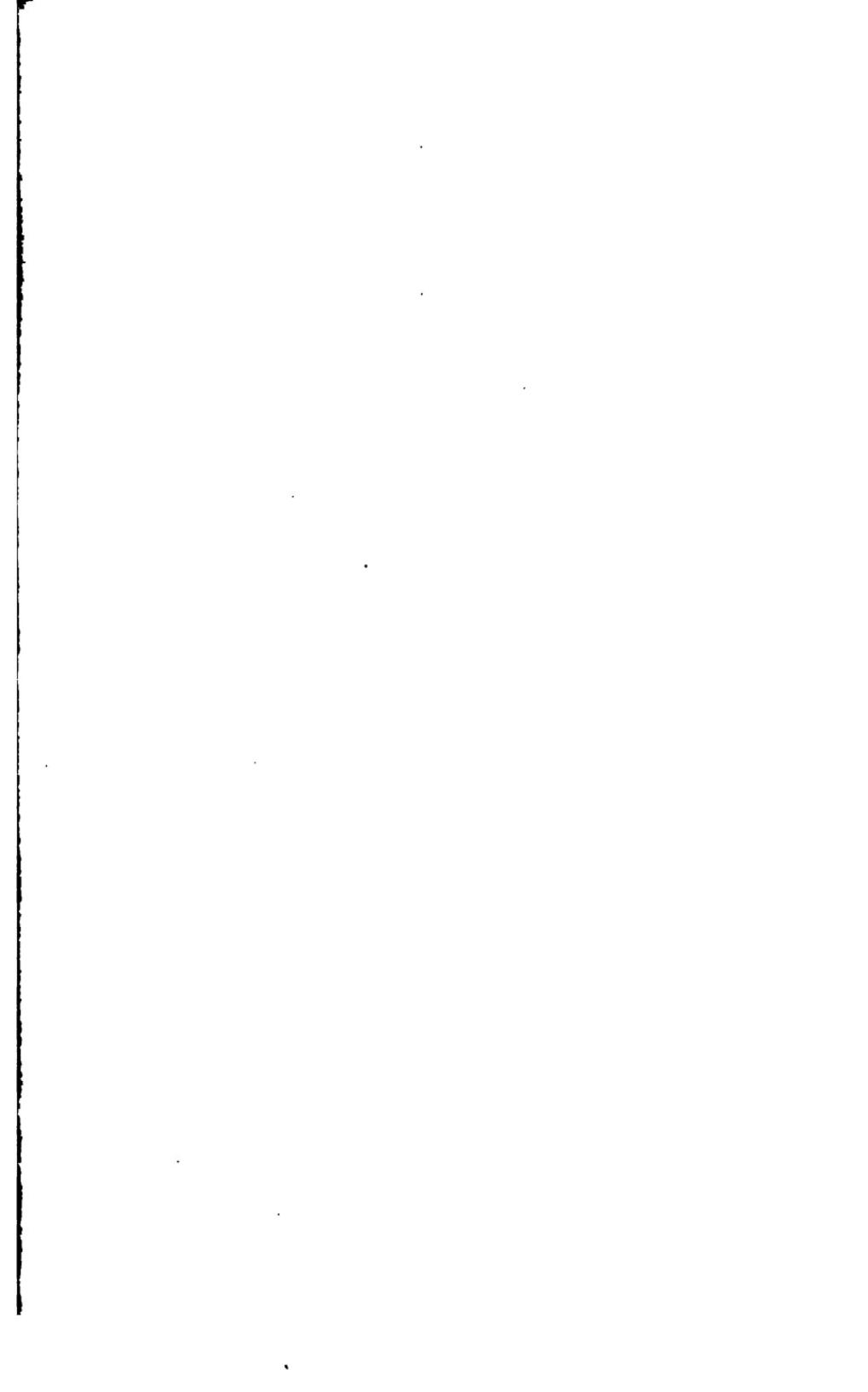
This disease becomes epidemic at certain times and seasons, being doubtless favored by certain conditions of the atmosphere, while it is capable of being spread abroad at any time by the breath and secretion (dried or otherwise) of the afflicted individuals.

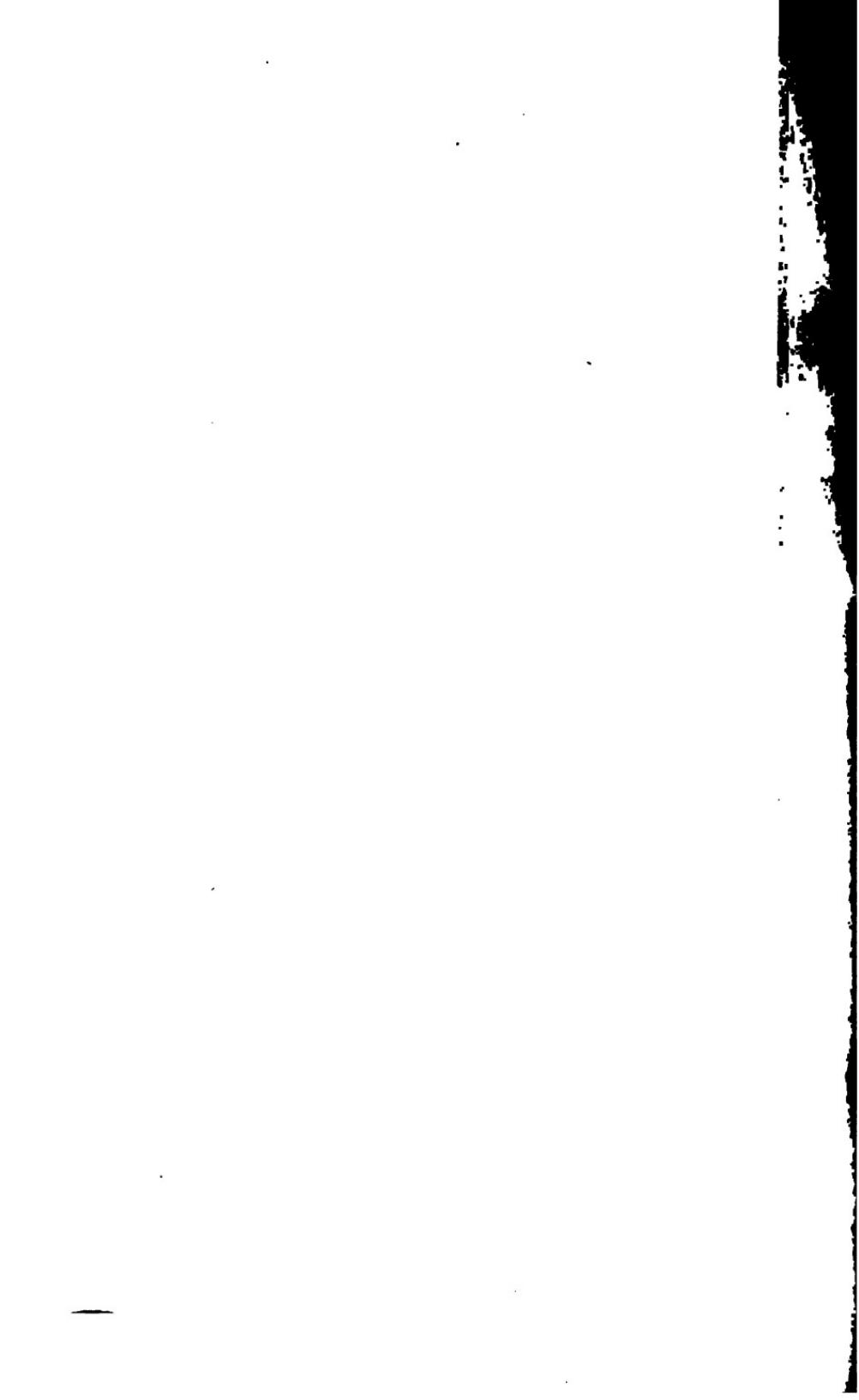
I have had the disease myself during mid-summer; still it is most prevalent during the spring and fall months.

The illustrations accompanying these notes were copied from Dr. Salisbury, and verified by myself under the microscope.

A. T. CUZNER, M. D.

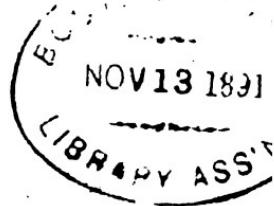






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PROCEEDINGS

OF THE

FLORIDA * MEDICAL * ASSOCIATION

SESSION OF 1891.

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OF THE

Florida Medical Association.

SESSION OF 1891.

Jacksonville, Fla.:
Times-Union Printing House.
1891.

FLORIDA MEDICAL ASSOCIATION,

~~~1891~~~

PENSACOLA, FLA., April 14, 1891.

The Florida Medical Association met in the City of Pensacola at 10:30 A. M. and was called to order by the Chairman of the Committee of Arrangements, Dr. J. Harris Pierpont, and at his request, the Rev. H. S. Yerger, of this city, opened the meeting with prayer.

Dr. Renshaw, of the Pensacola Medical Society, then delivered an address of welcome, as follows:

GENTLEMEN OF THE FLORIDA STATE MEDICAL ASSOCIATION: I regret exceedingly that the President of our Society is not present to deliver the address of welcome, which was requested of him and which I expected to be quite a feature of this meeting. However, the pleasant duty devolves upon me to extend you a welcome to our city, and I trust that you will enjoy the visit, as we will certainly do our utmost to make it enjoyable for you. Many of you are strangers to us, personally, (though some of you are known to us by reputation and name,) in consequence of the very limited facilities for travel over this extensive State until recent years, and our remoteness from the central part of Florida. However, I trust that such a friendship will be the outcome of this meeting, as will cement us more closely together and that we shall enjoy the fruits of this association, by benefits derived from our respective experiences in the practice of medicine, and thus we can more thoroughly aid and benefit our people of this State.

This was responded to in appropriate terms by Dr. Gary, President of the association:

GENTLEMEN: In behalf of the Medical Association of Florida, we thank thee kindly for the greeting that the

Medical Society of Pensacola and its citizens have extended to us as a body. We feel that it has been really good for us that we considered in our last annual meeting the propriety of selecting your beautiful city for our place of convocation on this occasion. We are satisfied with the bird's-eye view that we have recently had of your city; that its intelligence and refinement will far reach beyond any expectation of those whose intimate relationship with you in the past has not been as it should. We have come for the purpose of cultivating a more intimate relationship, and I do not think that our professional brethren could give us a warmer greeting nor create more grateful affiliations in our hearts.

Gentlemen, I now call the Medical Association of the State of Florida to order.

The President announced that the association was open for the transaction of business, and Drs. Oglesby, DuBois and McKinstry were appointed a Committee on Credentials.

After a short recess, this Committee made the following report:

We, the Committee on Credentials, report as delegates to the Florida State Medical Association:

J. F. McKinstry, M. D., From Alachua County Medical Society; James S. Herron, M. D., from Pensacola Medical Society; James P. Peeler, M. D., of Osceola County Medical Society.

And we recommend the election to membership in this association of the gentlemen, whose names have been signed to the accompanying applications.

C. R. OGLESBY, M. D., *Chairman.*

H. K. DUBOIS, *Secretary.*

J. F. MCKINSTRY, *Member Com.*

Dr. Robert C. White, . . . . Pensacola, Florida.

" Dan Morgan Smith, . . . Jasper, "

" J. W. Ross, . . . . Pensacola Navy Yard.

" Wm. Henry Ross, . . . . Pensacola, Florida.

" Frank Gale Renshaw, . . . " "

" Frank Philips, Jr., . . . Marianna, "

" Louis M. McLendon, . . Powelton, "

Dr. Jno. B. Maloney, . . . . Key West, Florida.  
 " Oswald Leon Johnston, . Milton, " "  
 " Wm. J. Hanna, . . . . Pensacola, " "  
 " Malvina Richard Gibbens, Jacksonville, " "  
 " Angus Alexander Gillis, . DeFuniak Springs, Fla.  
 " Wm. Crawford Gorgas, . Ft. Barancas, Florida.  
 " Joseph D. Rush, . . . . Apalachicola, " "  
 " Junius F. Lynch, . . . . Sanford, " "  
 " Roberts P. Izlar, . . . . Ocala, " "

On motion of Dr. Caldwell, the report was received, and Committee continued; the Secretary was requested to cast the ballot, which being in the affirmative, the above named gentlemen were declared duly elected.

The roll was then called, and the following members answered to their names:

President, Dr. Thos. P. Gary, of Ocala; Drs. Porter, Daniel, McKinstry, Caldwell, Douglas, DuBois, Peeler, Jackson, Oglesby, Simpson, Pierpont and Fernandez.

On motion, the reading of the minutes of the last session was dispensed with, as they had been published.

Letters were then read from absentees.

On motion, the son of Dr. R. B. S. Hargis was invited to a seat on the floor; and also, Rabbi Poseman, of Pensacola. Also, moved and carried, that all medical students in Escambia county be allowed access to the deliberations of the association.

Dr. Pierpont then read the following invitation :

*To the Officers and Members of the Florida State Medical Association:*

GENTLEMEN : The Pensacola Medical Society respectfully requests the pleasure of your company on an excursion to the Gulf, and a fish chowder at Leonard Quarantine Station, Wednesday the 15th instant. Boats will leave Palafox street wharf at 10 o'clock A. M.

Respectfully,

WARREN E. ANDERSON, *Secretary.*

The invitation was accepted with thanks.

The President then read his annual address, which was listened to with marked attention, and, on motion, referred to the Publication Committee.—(Appendix, B.) A motion was likewise made to refer same to a special committee.

Motion adopted, and Drs. Anderson, DuBois and Jackson were appointed said committee.

Reports of committees were then called for, and Dr. Daniel, Chairman of the Committee on Publication made the following report:

The Publication Committee respectfully report: That, after carefully considering the material referred to it by the association at its last annual session, an edition of three hundred copies of the Proceedings for 1890 was gotten out, at a cost of \$106.70, and placed in the hands of the Secretary for distribution.

The committee would call attention to the difficulty with which papers are sometimes obtained from members after the same have been referred to this committee, and would suggest that all such papers be handed in promptly, as otherwise the annual pamphlet is delayed in being issued. The committee would also suggest, that whenever papers read before the association have been already published, or are in the hands of others for that purpose, it be so stated and made known, so that the association may elect whether such papers shall be re-edited for publication in its proceedings.

Respectfully submitted.

R. P. DANIEL,  
P. J. STOLLENWERCK,  
SOLLACE MITCHELL,  
*Committee.*

The Treasurer then made his report for fiscal year, 1890, which was referred to Committee on Accounts.—(See Appendix, A.)

The Committee on Ethics stated that nothing had been referred to them, and they had nothing to report.

The amendment to the constitution, as offered by Dr. Daniel at the last year's session, was then brought up, and, after a lengthy discussion, put on its final passage, and not receiving the necessary two-third vote, was declared lost.

Reports from County Medical Societies were then called for, and Dr. McKinstry made the following written report from Alachua County Medical Society:

GAINESVILLE, FLA., April, 1891.

*To State Medical Society :*

Since the report from the Alachua County Medical Society, a year ago, there has been an increase in membership, and a very decided increase in attendance and interest at our stated meetings.

We have now a membership of nine, and two applications pending.

Several valuable papers have been contributed by members during the year, and reports of interesting cases are likewise made and discussed with much interest, pleasure and profit.

There have been no charges of unprofessional conduct made against any of our members, but on the contrary harmony and fraternal feeling prevails.

The law "to regulate the practice of medicine" has not been rigidly enforced in our county. While most practitioners have complied with the law and obtained certificates from the Board of Examiners, there are some practicing illegally, and it seems to be the duty of no one in particular to see that the law is executed. Some time since, our society appointed a committee to confer with the State Attorney to ascertain from him whose duty it was to prosecute these offenders. The attorney promised to investigate the subject and give the information required, but has failed to do so. We therefore ask the State Medical Association for information as to whose duty it is to see that the law is executed.

During the months of January and February, we had a wide-spread prevalence of La Grippe, especially among the resident population. It was very noticeable that all, or almost all, of our Northern visitors escaped. Very little fatality resulted from the disease; and very rarely did any severe disease of the respiratory organs ensue. Muscular rheumatism and heart trouble were more frequently observed.

N. D. PHILLIPS, M. D.,

R. A. LANCASTER, M. D.

*President.*

Dr. Peeler, from the Osceola County Medical Society made the following report:

GENTLEMEN: At the last meeting of the association, which was held at Ocala, I made a verbal report as to the healthfulness of Osceola county and Kissimmee City, and also gave an account of the workings of the Osceola County Medical Society, of which I was President. You who were present on that occasion will remember I stated that it was rather a hard matter for the physicians to live there—that is financially—as there was not sufficient practice to support them.

At this meeting I can but make the statement, that I believe it to be the healthiest county in Florida. I am now the last representative of our County Medical Society left in the county—the others have gone to seek better fields of labor, where sickness much more freely abounds. During the past four years, ten physicians have tried to live there, and after a longer or shorter period, have left.

During the past fall and winter the physicians were kept busy part of the time, as an epidemic of dengue came down upon us "like a thief in the night," and such complaints as "Oh, my back,"—"My head hurts so bad,"—"I believe my legs are breaking," were heard in the land. Then La Grippe made its appearance, and complaints were loud and long, but have now ceased to be heard since La Grippe departed. There has been very little sickness of a malarial character; and, indeed, the principal sickness that we have had to treat has been among those who have moved to our country from other places, and were sick when they came.

Large rice farms are being opened now, which may cause more sickness than usual, and I shall closely watch the effect upon the health record.

The Osceola County Board of Health, after many struggles, is getting into good working order, and at the next annual meeting I hope to give a good report and full statistics from the board.

Respectfully submitted.

JAMES P. PEELER, M. D.,  
*President Osceola Co. Medical Society.*

Verbal reports were made from several other County Societies.

Reports were then called for from the Examining Boards.  
Report from the First District read by Secretary:

*To the Florida Medical Association:*

GENTLEMEN: Agreeable to your request I herewith submit the report of the Board of Medical Examiners in and for the First Judicial District of Florida.

Owing to the delay of the faculty of our district to unite on a Board, commissions were not issued to members by the Governor until late in February, 1890, so that the first meeting of our Board for organization was held in Pensacola, Fla., February 20, 1890, at which C. Q. Landrum, M. D., of DeFuniak, Walton county; R. B. S. Hargis, M. D. and C. R. Oglesby, M. D., both of Pensacola, Escambia county, presented commissions of appointment from Florida's Governor to membership in the Board of Medical Examiners in and for the First Judicial District of Florida. At this meeting R. B. S. Hargis, M. D., was chosen President, and C. R. Oglesby, M. D., selected as secretary.

The Board held their first meeting on the 24th, 25th, and 26th, of April, 1890, in the City of Pensacola. At this meeting they examined two applicants, one of whom was granted a certificate to practice medicine indefinitely; the other was granted permission to practice for six months only, at the end of which time he stood a satisfactory examination on all the branches of medicine, and was granted a certificate in full. Since our organization we have issued certificates to twenty-six other physicians who were graduates in medicine practicing in this State prior to the passage of "The act to regulate the practice of medicine in the State of Florida, approved May 31, 1889."

Our next semi-annual meeting will be held in Pensacola on the 23d, 24th and 25th of April, 1891, and already we have a number of applications for examination.

Our examinations are both written and oral, of which we require that seventy per cent. of the questions shall be satisfactorily answered.

Respectfully submitted,

C. R. OGLESBY, M. D.,

*Secy. Bd. Med. Ex. in and for the First Judicial Circuit of Florida.*

No report from the Second District.

Report from the Third District read by the Secretary:  
*To the Florida Medical Association:*

LAKE CITY, April 11, 1891.

The Medical Examining Board of the Third Judicial District of Florida has granted certificates to 39 physicians within its limits. Five of these were recent graduates, and were duly examined.

The Board met July 9, 1890, and February 4, 1891.

Respectfully,

J. C. NEAL, M. D.,  
*Secretary.*

The Fourth District asked for further time in which to report.

The Fifth District reported, through President Gary, that the Secretary of the Board, Dr. Strausz, had all the papers, and had promised to send them on, but had not yet received them.

No report from the Sixth District.

Dr. Caldwell, from the Seventh District, made a verbal report: That his Board had prosecuted seven violators of the law, and had convicted all of them.

Application for membership of Dr. Wm. Lee Patten, of Pensacola, was handed in by the Chairman of Committee on Credentials. The Secretary was empowered to cast the vote, which was in the affirmative, and Dr. Patten was declared duly elected.

The Secretary then made his report of his past year's official work.

A vote of thanks was extended to the ladies of Pensacola for beautifying the hall of the Association with a profusion of flowers.

A motion was then made and carried, to adjourn until 3 P. M., and the paper of Dr. McKinstry made the first order of business for afternoon session.

## AFTERNOON SESSION—FIRST DAY.

APRIL 14, 1891.

The Association met pursuant to adjournment, at 3 P. M., and two applications, Drs. Jesse N. McLane, of De Funiak Springs, and Wm. Francis Fordham, of Pensacola, were handed in by Dr. Oglesby, Chairman of Committee on Credentials. On motion, the Secretary was authorized to cast the ballot, which was in the affirmative, and they were declared duly elected.

The Secretary then read the following letter from Ex-President Lancaster:

GAINESVILLE, FLA., April 11, 1891.

*To President Gary and the Members of the Florida Medical Association.*

GENTLEMEN: It is with sincere regret that I cannot be with you at this meeting.

A recent severe illness from which I have not entirely recovered renders it imprudent for me to attempt the journey. I am with you in spirit, and hope to hear that the Pensacola meeting was the largest and best meeting in the history of the association.

A matter has been suggested to me which I deem of sufficient importance to lay before the association. Dr. L. B. Edwards, of Richmond, Va., writes me that he would gladly publish in his widely circulated journal, the *Virginia Medical Monthly*, a report of the proceedings of the association, and papers or synopsis of papers read, if furnished him.

I think we should not "hide our light under a bushel," and would therefore suggest that the *Virginia Medical Monthly* be furnished as complete a report as possible for the May number.

If no other action is deemed advisable, I hope that the association will at least authorize those who contribute papers to furnish copies to any journal, requiring only that be stated that such paper was read before the State Medical Association.

Hoping that we may all be together at our next annual meeting, I remain, very sincerely yours,

R. A. LANCASTER.

This led to a discussion of what should be furnished to outside journals by the Secretary. On motion of Dr. Caldwell, the Secretary was directed to furnish a synopsis and headings of papers for publication to the *Virginia Medical Monthly*. Which was carried.

Dr. McKinstry, Chairman of Section on Medicine, then read a paper on "Medicine and Medical Men," which was referred to the Committee on Publication.—(See Appendix, C.)

Dr. F. F. Smith, Chairman of Committee on Surgery, being absent, the paper of Dr. S. Stringer, Chairman of Committee on Gynecology, on "An Instrument in the Operation for Vesico-Vaginal Fistula," was read, and referred to the Publication Committee.—(See Appendix.)

Dr. Wall, Chairman of Committee on Hygiene, was not present, and no paper sent. The same of Dr. Dean, Chairman of Committee on Diseases of Children.

Dr. Daniel then read a paper on "The Leprosy Problem." Moved to refer it to the Publication Committee.—(Appendix, K.)

This question, Dr. Porter thought so important, that he suggested that a special committee should be appointed to look into it and report.

Dr. Caldwell did not see the necessity of such a committee, or that any practical good would result therefrom; that he had confidence in the State Board of Health and its Secretary. If they said there was no leprosy in Florida, he would believe it.

Dr. Porter preferred that the subject should be specially investigated.

The President thought that the able report made by the essayist would accomplish good, and he was willing to trust to the State Board of Health.

Dr. Caldwell moved that the whole subject be referred to the Chairman of the Section on Medicine, to report at next meeting. Which motion was carried.

Dr. Anderson then read a paper from Dr. R. B. S. Hargis, of Pensacola.

The following resolution was therupon introduced :

*Resolved*, That the communication from Dr. Hargis, as just read by Dr. Anderson, be received and referred to the Publication Committee, and that the Secretary be requested to convey to Dr. Hargis the thanks of this association for the same, together with the expression of our deep sympathy with him in the physical infirmity which prevents his attendance on our meetings.

Dr. Caldwell then read a paper on "Oxygen" Treatment. After a discussion of the same it was referred to the Publication Committee.—(Appendix, E.) A paper from Dr. J. C. Neal on "Legalized Crime in Florida." was then read by Dr. Porter, and referred to the Publication Committee.—(Appendix, F.)

It was moved by Dr. Caldwell that the importance of the paper was such that it be referred to a special committee of three to report to-night or as early as practicable. Drs. Caldwell, Daniel and Oglesby were appointed said committee.

The application of Dr. Pastor Burgos y Gomez for membership was then read, and the Secretary was authorized to cast the ballot, which was in the affirmative and Dr. Burgos was declared duly elected.

The resignation of Dr. J. E. W. Smith, of Jasper, was read and accepted, as he had moved from the State.

After some desultory discussion in regard to the duty of the Treasurer in dropping the names of delinquents from the roll, etc., Dr. Porter moved that the Treasurer be instructed to keep the names of all delinquents on the roll for another year, and make further efforts to get them to pay their dues, which was adopted.

The association then adjourned to 8 P. M.

## NIGHT SESSION—FIRST DAY.

APRIL 14, 1891.

The association was called to order at 8 p. m., President Gary in the chair.

Dr. Sollace Mitchell's paper on "Cases treated by Koch's lymph" was read by Dr. Fernandez, and referred to the Publication Committee.—(Appendix, G.)

Dr. Gary then read a paper on Animal Alkaloids. A motion was made, and put by the Vice-President, requesting Dr. Gary to finish the interesting paper and hand it over to the Publication Committee, which was unanimously carried.

The report from the Librarian, overlooked in the morning session, was then called up and read by the Librarian, Dr. J. H. Douglas. Ordered that the report be received and placed on file.

The election of officers for the ensuing year was then entered into, with the following result:

President—Dr. Thomas P. Gary.

First Vice-President—Dr. J. Harris Pierpont.

Second Vice-President—Dr. J. M. Jackson, Jr.

The other officers being permanent, this closed the election.

Dr. Porter, in behalf of the profession of Key West, extended an invitation to the association to meet in that city next year, and trusted that before the association adjourned it would accept and come to Key West. Dr. Oglesby seconded the motion. Dr. DuBois spoke of Jacksonville, and thought it would be easier to get there, and suggested the latter city. Dr. Daniel said, that being a representative from Jacksonville, and at the same time one of the original members of the association, he thought it proper to say a word. We had made many efforts to go to Key West and had failed; he felt that Jacksonville was always glad to see the association; that he was willing to go to Key West, but hoped, if the meeting was there, Pen-

sacola would have a better representation than Key West makes here. Dr. Renshaw agreed with Dr. Caldwell that we should not go to Key West, but some central point would be better. Jacksonville, Key West and Sanford were then put in nomination, and Drs. Peeler and Oglesby then moved that Jacksonville and Sanford be withdrawn in favor of Key West. This being agreed to, the Secretary was requested to cast the ballot, which resulted in favor of Key West. Dr. Porter thanked the Association for the unanimous vote. The President suggested that those of us here should feel it our duty to go to Key West next year, if possible. The day of meeting was left to the President to decide, between the limit of the 1st and 15th of April.

It was resolved that when we adjourn it shall be until to morrow evening at 7:30, as the association will go to-morrow on the excursion so kindly tendered them by the Pensacola Medical Society.

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#### NIGHT SESSION—SECOND DAY.

APRIL 15, 1891.

The association met, pursuant to adjournment, at 8:30 p. m. President Gary in the chair.

The Committee on Credentials handed in the name of S. Robert Allen Wilson, who was then elected to membership in the association.

The committee on the paper of Dr. J. C. Neal reported verbally through their chairman Dr. Caldwell, that they recommend 300 copies of said paper shall be published and distributed to members of the Legislature. Which was adopted.

The Chairman of the Committee on Nomenclature made the following report, (see paper) which was adopted and referred to the Committee on Publication, who were directed

to print 1000 copies, and put one in the hands of each physician in the State.

Dr. Gorgas then read a paper entitled: Report of "Nine Cases of Wounds of Abdomen" in his practice and that of other physicians. Same was referred to the Committee on Publication.—(Appendix, H.)

A communication was then read from the Board of Pharmacists for the State of Florida, in regard to proposed repeal of the law regulating Pharmacy in Florida, and asking the association to express, by suitable resolution, its disapproval of such action. The matter was discussed at length and a motion made and carried, that this association stand ready to assist the pharmacists of the State in every effort which they may make to sustain and advance the standard of responsibility in the sale and dispensing of drugs, and that this society will join them whenever they suggest the proper way.

The following committees for the ensuing year were then appointed by the President:

#### COMMITTEES ON SECTIONS.

1. Medicine: Dr. W. E. Anderson.
2. Surgery: Dr. Jas. A. Peeler.
3. Gynecology: Dr. H. K. DuBois.
4. Hygiene: Dr. J. M. Jackson, Jr.
5. Diseases of Children: Dr. H. Bacon.

#### COMMITTEE ON PUBLICATION.

Drs. R. P. Daniel, A. J. Wakefield and F. D. Miller.

#### COMMITTEE ON ACCOUNTS.

Drs. F. H. Caldwell, J. D. Fernandez and Sollace Mitchell.

#### COMMITTEE ON ETHICS.

Drs. J. H. Pierpont, N. D. Philips and J. F. McKinstry.

#### COMMITTEE ON ARRANGEMENTS.

Dr. J. Y. Porter, Chairman, with power to add.

## ORATOR.

Dr. DeWitt Webb.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

Drs. Leslie M. Weeden, J. D. Fernandez, F. F. Smith, W. E. Anderson, C. Drew, Thos. P. Gary, J. N. D. Cloud, F. H. Caldwell, Geo. E. Shuey, C. R. Oglesby, J. D. Rush and R. L. Harris.

A telegram from Dr. F. F. Smith in regard to cases treated by him with Koch's lymph, was then read, in which he stated that he would forward paper.

A paper by Dr. R. L. Harris on "Nocturnal Fevers," was then read by that gentleman. Discussed, and referred to Committee on Publication.—(See Appendix, I.)

The Association then adjourned to meet to-morrow at 10 A. M.

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MORNING SESSION—THIRD DAY.

APRIL 16, 1891.

The association convened at 10 A. M., President Gary in the chair.

The report from the Fourth District Medical Examining Board, having been forwarded by the Secretary, Dr. J. L. Horsey, was read and referred to the Committee on Publication.—(See Appendix.).

Dr. Caldwell moved that a Legislative Committee be appointed by this association, which was seconded and adopted, and the President appointed Drs. Caldwell, Fernandez and J. M. Jackson, Jr. on said committee.

Dr. Porter spoke of the bill for the care and treatment of the insane of the State, brought up in the Legislature—that as State Health Officer he had visited the Insane Asylum and had made a report and recommendations, but it

was thought that there was not sufficient State funds now to carry out the said recommendations, and that he would suggest a committee be appointed from this association to visit the Asylum and report to this body. There is no provision made for medical treatment of these unfortunates; that he knew from observation that epileptics, idiots and weak minded people, were all mixed in together, and it was surprising to him that there was not often personal violence done.

The following resolution was then offered by him and adopted :

*Resolved*, That a special committee of three be appointed from this association to visit the Insane Asylum of the State, to investigate the care and treatment of the patients, and a report of the result of the visit to be made to the President of the association, which report will be transmitted to the chairman of the Public Health Committees of the Senate and House of the Florida Legislature now in session.

*Resolved also*, That the actual expenses of said special committee be defrayed by the association.

Drs. Rush, Cloud and Harris were appointed on this committee, and Dr. Daniel suggested that the President's name be added, which was carried.

Dr. Daniel thought that a different method should be adopted by which the discussion of papers could be reported.

The Secretary stated that he found it impossible to make proper notes of discussions; and that, not having been able to secure the services of a competent stenographer, he had not attempted to do this work himself.

Dr. Caldwell moved that a stenographer be employed, at the next meeting, by the Secretary, and be paid for by the association, which was adopted.

Dr. Porter then offered the following resolution, which was adopted :

*Resolved*, That the thanks of the association be tendered to the Pensacola Medical Society for courtesies extended;

to the ladies of Pensacola for the generous donation of flowers and the tasteful decoration of the room of the association ; and to the various railroad lines which have generously given special rates to the members to and from this meeting.

The minutes of the previous sessions were then read and approved ; and the association adjourned *sine die*.

J. D. FERNANDEZ,  
*Secretary.*



## APPENDIX.



*A.*

TREASURER'S REPORT—1890.

J. D. FERNANDEZ, TREASURER,  
IN ACCOUNT WITH FLORIDA MEDICAL ASSOCIATION.

*DR.*

|                                                     |           |          |
|-----------------------------------------------------|-----------|----------|
| To Balance cash on hand last report, Apl. 10, 1890, | \$516     | 45       |
| To Annual dues Dr. P. H. Strausz, 1890,             | . . . . . | 5 00     |
| " " " W. V. Newsome, 1890                           | . . . . . | 5 00     |
| " " " Thos. P. Gary,                                | " . . . . | 5 00     |
| " " " J. M. Samuel,                                 | " . . . . | 5 00     |
| " " " Sheldon Stringer,                             | " . . . . | 5 00     |
| " " " G. A. Dwelly,                                 | " . . . . | 5 00     |
| " " " R. H. Dean,                                   | " . . . . | 5 00     |
| " " " F. H. Caldwell,                               | " . . . . | 5 00     |
| " " " R. L. Harris,                                 | " . . . . | 5 00     |
| " " " A. A. Alston,                                 | " . . . . | 5 00     |
| " " " E. Van Hood,                                  | " . . . . | 5 00     |
| " " " W. R. O'Neal,                                 | " . . . . | 5 00     |
| " " " R. A. Lancaster,                              | " . . . . | 5 00     |
| " " " D. C. Judson,                                 | " . . . . | 5 00     |
| " " " P. J. Stollenwerck,                           | " . . . . | 5 00     |
| " " " N. A. Williams,                               | " . . . . | 5 00     |
| " " " O. E. Worcester,                              | " . . . . | 5 00     |
| " " " Henry Bacon,                                  | " . . . . | 5 00     |
| " " " C. R. Oglesby,                                | " . . . . | 5 00     |
| " " " H. L. Simpson,                                | " . . . . | 5 00     |
| " " " W. E. Anderson,                               | " . . . . | 5 00     |
| " " " S. W. Moody,                                  | " . . . . | 5 00     |
| " " " J. M. Thompson,                               | " . . . . | 5 00     |
| " " " J. D. Burnett,                                | " . . . . | 5 00     |
| " " " Andrew McBride,                               | " . . . . | 5 00     |
| " " " R. T. Walker,                                 | " . . . . | 5 00     |
| " " " J. H. Pierpont,                               | " . . . . | 5 00     |
| " " " J. P. Peeler,                                 | " . . . . | 5 00     |
| <i>Carried forward</i>                              | . . . . . | \$656.45 |

|                        |                                             |                  |   |       |       |
|------------------------|---------------------------------------------|------------------|---|-------|-------|
| <i>Brought forward</i> |                                             |                  |   | \$656 | 45    |
| To Annual Dues Dr.     | N. D. Cloud,                                | 1890             | . | 5     | 00    |
| " "                    | " W. C. Johnson,                            | "                | . | 5     | 00    |
| " "                    | " J. H. Hodges,                             | "                | . | 5     | 00    |
| " "                    | " T. J. Meyer,                              | "                | . | 5     | 00    |
| " "                    | " E. C. Dunklin,                            | "                | . | 5     | 00    |
| " "                    | " G. E. Hawes,                              | "                | . | 5     | 00    |
| " "                    | " J. A. Pacetti,                            | 1889             | . | 5     | 00    |
| " "                    | " R. G. Gamble,                             | 1890             | . | 5     | 00    |
| " "                    | " R. P. Daniel,                             | "                | . | 5     | 00    |
| " "                    | " E. T. Sabal,                              | "                | . | 5     | 00    |
| " "                    | " C. Drew,                                  | "                | . | 5     | 00    |
| " "                    | " G. W. Lancaster,                          | "                | . | 5     | 00    |
| " "                    | " George E. Shuey,                          | "                | . | 5     | 00    |
| " "                    | " L. W. Weedon,                             | "                | . | 5     | 00    |
| " "                    | " N. D. Phillips,                           | "                | . | 5     | 00    |
| " "                    | " Geo. C. Mathews,                          | 1888<br>and 1889 | . | 10    | 00    |
| " "                    | " Joseph Y. Porter,                         | 1890             | . | 5     | 00    |
| " "                    | " R. B. S. Hargis,                          | "                | . | 5     | 00    |
| " "                    | " R. D. Murray,                             | "                | . | 5     | 00    |
| " "                    | " Jas. M. Jackson, Jr.,                     | "                | . | 5     | 00    |
| " "                    | " Jas. M. Jackson, Sr.,<br>1888, 1889, 1890 | .                | . | 15    | 00    |
| " "                    | " J. L. Horsey,                             | "                | . | 5     | 00    |
| " "                    | " C. B. Sweeting,                           | "                | . | 5     | 00    |
| " "                    | " Sollace Mitchell,                         | "                | . | 5     | 00    |
| " "                    | " Neal Mitchell,                            | "                | . | 5     | 00    |
| " "                    | " A. J. Wakefield,                          | "                | . | 5     | 00    |
| " "                    | " John P. Wall,                             | "                | . | 5     | 00    |
| " "                    | " J. F. McKinstry,                          | "                | . | 5     | 00    |
| " "                    | " F. D. Miller,                             | "                | . | 5     | 00    |
| " "                    | " Andrew Anderson,                          | "                | . | 5     | 00    |
| " "                    | " J. H. Douglas,                            | "                | . | 5     | 00    |
| " "                    | " W. M. Ellis, 1888, 1889<br>and 1890       | .                | . | 15    | 00    |
| " "                    | " J. C. Neal,                               | 1890             | . | 5     | 00    |
| " "                    | " King Wyly,                                | "                | . | 5     | 00    |
| Cr. By expenditures,   |                                             |                  |   | \$851 | 45    |
| Balance,               |                                             |                  |   | 309   | 47    |
|                        |                                             |                  |   |       | ----- |
|                        |                                             |                  |   | \$541 | 98    |

*CR.*

|                                                    |          |
|----------------------------------------------------|----------|
| By Cash paid Dr. L. J. Burton, expenses to Legis-  |          |
| lature, . . . . .                                  | \$ 30 00 |
| By Cash paid Dr. R. L. Lancaster, exp. for year, . | 23 00    |
| " Warrant, salary, to Sec'y, A.W.K., 1888-90; .    | 100 00   |
| " Expense of Treasurer attending meeting, '90 .    | 10 25    |
| " Times-Union, advertising meeting, 1890. . . .    | 8 00     |
| " Telegram to Pharmaceutical Association, . . . .  | 1 00     |
| " 100 Circulars, Dr. Wall's resolution Ex. Bds, .  | 1 25     |
| " 10 Blank Books for Treasurer, . . . . .          | 3 00     |
| " 200 Manilla Envelopes, Secretary, . . . . .      | 40       |
| " 1000 Letter Heads, Secretary, . . . . .          | 4 00     |
| " 500 Envelopes, "                                 | 1 75     |
| " 100 Printed Wrappers, Proceedings, . . . . .     | 1 25     |
| " Warrant, Printing Proceedings, 1890, . . . .     | 106 70   |
| " Postage, dist. proceedings and exchanges, Secy,  | 5 24     |
| " Collect dues, Treasurer, . . . . .               | 3 50     |
| " Calling meeting, circular letter, Secretary, . . | 2 50     |
| " Bill, 100 postal cards and printing, C.W.D., .   | 1 75     |
| " " 250 copies annual circular, "                  | 3 00     |
| " " 300 blank applications, . . . . .              | 1 50     |
| " " Expenses of Librarian, . . . . .               | 1 38     |
|                                                    | <hr/>    |
|                                                    | \$309 47 |

J. D. FERNANDEZ, *Treasurer.*

B.

## PRESIDENT'S ADDRESS.

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*Gentlemen of the State Medical Association of Florida :*

At your last convocation, in the City of Ocala, you paid the high compliment of selecting me for your President for the ensuing year, which I highly appreciate, and for which I am profoundly grateful.

Allow me, then, gentlemen, to offer you a cordial greeting, on this occasion, in the beautiful City of Pensacola, in our new relation, trusting our meeting may be more profitable, harmonious and pleasant than the most sanguine could hope for, and redound to the material interest of our profession, advance our association, and add new zeal for the promotion and cultivation of a higher standard of professional ability. We should draw inspiration from the progressive history of our State, marking a new era in the prosperity of our honorable body and shedding new lustre to the already distinguished position which we have attained in the eyes of the world as scientists.

In the language of our former President—Lancaster : "To those of the profession who do not belong to the association and who may chance to hear or read this, I beg of you to procure a copy of our constitution and by-laws, read and see if you cannot endorse the objects and aims of our organization and consider whether it may not be a duty as well as a privilege to join us ; a duty to yourselves, your patrons and your profession. Does anyone doubt that good results from our meeting together in fraternal fellowship to discuss the best methods of preventing and curing disease ? If so, let him come and let us learn of him."

There are remedies for our diseases—for all of them I believe not essentially fatal by an interference already exercised with the processes of life. Many of these remedies have been discovered ; many yet remain concealed to reward future research. Compare the past with the present, and from this comparison infer how much is to be hoped for in the future.

Let us refer only to two instances, the one *preventive*, the other *remedial*. I would call your attention to the *preventive power* of vaccination over small pox, and the curative influence of peruvian bark over *malaria*. These two scourges which formerly devastated the globe are now brought into comparative subjection to the power of man. Thus will it probably sometime be with diseases still essentially *incurable* or extensively destructive by their violence, such as cancer, yellow fever, consumption, and cholera. These it is hoped are yet to come within the certain *control of medicine*. Hundreds look to you as the guardians of their health and their main earthly hope in the agonies and dangers of disease. Here is an immense responsibility—the sacred ark of human life has been entrusted to your keeping—you are an appointed Priesthood in its service. This, gentlemen, is the light in which you should view habitually your profession; not as a mere business; not as a mere avenue to competence or wealth, but as a covenant with the Most High by which you are devoted soul and body to the good of your fellow men so far as that may depend on life and health. We, as members of the State Medical Association, should regard ourselves as a part of one stupendous whole—a noble edifice in which all cannot be corner stones or cap stones, nevertheless are necessary parts thereof, essential to the harmony and strength of the building.

We have great reason to rejoice that the fiscal year just closing has been the healthiest and most prosperous known in the history of Florida. We have not been visited by any *severe* or dangerous epidemic, though we must note in passing that "La Grippe" has been general throughout the State, but only in quite a mild form *modified* doubtless by the influence of our remarkable temperate climate. Like the serpent, it has left its trail in the death of many by complications with pneumonia.

If the State has enjoyed, in a marked manner, entire immunity from epidemics and dangerous diseases peculiar to a tropical climate, it can be traced directly to the effective measures of the State and County Boards of Health, and I think it would be eminently appropriate that we should also embrace in any resolutions we may present to the Legislature, a suggestion that such further legislation as may be necessary or desirable should be passed, strengthening and

firmly establishing with enlarged powers, the present Board of Health, and with the necessary appropriations for such purpose.

Another matter of great importance is the law relating to the Medical Examining Boards of the Judicial Districts. The law is salutary and good and necessary but in some particulars defective and requires amendment. It requires the services of the profession without giving proper compensation. The State should pay for all necessary expenses incurred in advertising, printing of certificates and traveling, by the Board, to make the necessary examination. It is unreasonable to expect a few to pay for the benefit of the many. The State of Florida is growing in wealth and notoriety and certainly will have in the influx of *population* many *quacks* and *humbugs* whom the people should be protected from by sustaining the Medical Examining Boards in their requirements.

If we review the history of the medical profession in all ages, we find that the great discoveries on which is built the great structure of our science, have been conducted by *individuals*, and in that connection we are indebted to the distinguished bacteriologist—Dr. Koch of Berlin—for the indisputable evidence of definite micro-organism playing an exciting part in the cause of *tuberculosis* and through him of the discovery of their means of *destruction* by injection of lymph representing the products of the tubercle. The presence of a micro-organism in the body or any of its cavities, is not sufficient proof of their being the sole cause of the disease, and therefore we cannot claim that the bacilli found in *tubercle* fully establishes the cause. Another thought is suggested as to whether the microbe is not the result of death. Are the microbes the active agents in the formation of ptomames? Such being the case, Dr. F. F. Smith, of St. Augustine, will, if successful in his experiments, demonstrate that Florida, beyond all doubt, is the proper place for those suffering from phthisis pulmonalis to come to be treated, and thereby be another factor in establishing the grand future for our profession and the reputation of our State as the world's sanitarium.

Our Legislature being now in session, and as the statutes relating to the medical profession are very defective and require amending, I would suggest that their attention be called to it, asking for such changes as your honorable

body may deem necessary. I know it is very difficult to get a *legislative* body to see anything that they are not individually interested in favorably, yet it is our duty to make the application.

The State, and our Medical Association, should feel grateful to the State Board of Health and to the efficient State Health Officer for the intelligent manner in which they have discharged their duties, and should urge the Legislature to make some appropriation to compensate the President suitably for his valuable time.

In conclusion, let us hope that our efforts to infuse new life into our West and Middle Florida brethren, will not be without reward; and from this time forward, a new impetus will be given our association, and that the day is not far distant, when upon our roll of membership, will be found all the leading and active physicians of every portion of our State, and that the Medical Association of the State of Florida will rank with the most scientific and prosperous institutions of this great country of *ours*.

God has given us great climatic advantages; why cannot we make *our State* the World's Sanitarium and the objective point of intelligent and distinguished physicians.

THOS. P. GARY, M. D.

## C.

### MEDICINE AND MEDICAL MEN.

There lives in the popular mind a strong though ill-defined faith, that there are specific remedies, the wise and timely administration of which, is competent to cure all disease. That death from disease, as from violence, is abnormal, and should come to us only as a result of those purely physiological processes of waste and decay which, after a reasonable period, must fix a limit to all life.

Were this popular belief but half a truth, then we of the medical profession would have but little to congratulate ourselves upon in the progress of the past; and the ample fields for investigation and discovery lying before us would have for us reproach as well as invitation, since still so much remains unknown as to the source and nature of disease, many forms of which are not influenced by recognized methods of treatment.

This error, so diffuse, so largely esteemed a truth, so fruitful of evil, has the one virtue that it has ever been a helpful *vis a tergo* to inquirers along the line of *Materia Medica*. To it, therefore, we are largely indebted for increased knowledge of remedial agencies. Earth, sea and air have been invaded, and their treasures brought to enrich our armamentarium.

The devotees of Hydropathy, true believers in one universal panacea, have given us some valuable lessons as to the remedial worth of Nature's fluid. The less broad enunciation of Hahnemann, *similia similibus curantur*, shorn of its exaggerations, finds within narrow limits confirmation in the great discovery of Jenner and the valuable researches along the same line of Pasteur, and of Koch. Thus we are taught that an earnest search for truth goes never unrewarded, and that he who would garner its golden grains in ample store, may not pluck them at once, but must, all down the ages, patiently glean them from many a reaped field.

Therapy is to-day in advance of many collateral sciences essential to a thorough medical education. It is also

the one most familiar to the minds of the great mass of active medical men, and with it, hand in hand, walks its cousin Pharmacy. The active principles of the grosser medicinal substances have been isolated and so prepared as to be at once elegant, exact and assimilable; these potencies the alert and thoughtful physician exhibits with confidence as to the effects, and with comfort and assured advantage to his patient.

Yet so many the factors correlative to disease, and the successful issue of its treatment; so occult, virulent and forceful the effects they sometimes cause, so immediate and irremediable its sequences, so constitutionally or organically weak the individuals on whom they act, and so beyond control the conditions under which they operate, each of these factors having a separate and determinative control over the issue, as effectually to refute the idea that in the great storehouse of Nature we may find an unfailing balm for every wound, and forever to bar the approach to anything like a general specific medication.

In beginning a treatment, we naturally look to the point of departure from the normal health line for a known or presumptive cause, hoping to remove it radically, or at least to find indications suggestive of a line of treatment essential to successful interference. Sometimes we do find it, as illustrated in cases of poisoning, *intersusception*, presence of foreign bodies. Here, cause has a definite relation, and is of highest value in therapeusis—indications for treatment are directly apparent, and in the light of a clear knowledge we move directly toward the desired end.

Often, however, because of the occult, evanescent, or unimpressive nature of causative conditions, they cease to be an active factor in the treatment. Certain zymotic diseases, moving in cycles, and having an approximately definite life term, illustrate this class. Here we must address ourselves for the most part to sequences; we do not cure, but by slower and less satisfactory methods we attain the end desired, opposing knowledge and a sleepless acumen to threatened dangers, interfering only to avert or control malign influences, keeping our patient in attitude most favorable to those restorative forces—the *Vis Medicatrix Naturæ*—whose beneficiaries, under our watchful guidance they become, when disease has vainly expended its force and time, the universal panacea, has brought the needed

healing on his wings, satisfied to have accomplished a difficult pilotage, wanting which, the issue might have been less happy.

Through the wonderful lenses of his telescope, the astronomer reads the veiled secrets of the stars as a familiar book. We too, through its sister instrument, grow rich in knowledge, reading the fine print of earth, watching the birth and development of cell life in living tissues healthy and diseased, familiarizing ourselves with infinitesimal, though vastly important, structural changes and dissimilarities, making intimate acquaintance with countless races of animal and vegetable micro-organisms, recognizing their presence in specific form in certain pathological conditions as cause or as effect, and in some cases utilizing them to combat the evils they themselves create.

An army of industrious workers, we have for centuries been busy with the harvest; yet how meagre, how insufficient our knowledge for our needs, while many an unseen truth, rich in power remains shrouded in finite mystery.

To one cause we are accustomed to attribute effects lying far apart as Alpha and Omega. An exposure finds no echo in pathological sequences, or it may be lights up the baleful fires of any or all of those abnormal conditions in the nomenclature of which we use the expressive suffix it is, yet either or all of these we have certainly independent of this sometime cause. We do not know, we scarcely conjecture, what special agencies determine the localization or severity of these inflammations, striking the balance on the side of a simple conjunctivitis, or bronchitis, the graver nephritis, or pericarditis, or the deadly meningitis.

We know that elevated temperature is symptomatic, the expression of disturbed and depressed nerve centres, but of the multiple and obscure agencies in fevers having this one common phenomenon, we have for the most part only a conjectural knowledge.

Some philosopher has declared that the proper study of mankind is man. Certainly this is true of medical men, and the first difficult lesson is to know ourselves—our weaknesses, that we may strengthen them, our strength, that we may on occasion promptly utilize it for good. Secure of ourselves, of a diagnosis and prognosis based on a thorough knowledge of existing pathological conditions, we may, nay, we must, at a crisis promptly and effectually

use the great guns of our armamentarium, the most heroic procedures; or recognizing the phenomena of self-limited disease, we adopt less forceful methods, wisely and bravely abstaining from interference fruitless for good, while our auguries tend to sure fulfillment.

Thus the high functions of our office will be magnified, our usefulness enhanced, while the trust reposed, the supreme responsibilities devolving on us, with a knightly love for truth and humanity, will urge us yet on and up to that ultimate limit of human ken, beyond which lie countless truths of highest import; yet so transparent, so intangible, so sacred, as to be caught only in the Omnipotent Hand of the Infinite One, or of those who through the valley of shadows pass to him, and the light of eternal truth.

That knowledge is power, has become axiomatic, yet only in the light of it do we recognize our ignorance and impotence; a revelation useful always, never quite pleasant. All weakness humiliates, all power exalts; especially is this true of the beneficent power to accomplish good, to turn sorrow and loss aside, to parry the fateful sword, disease, and hold at balance the scales of existence till life shall have finished its work and touched its goal. Then, to death the victor, we yield our charge, serene in consciousness of a high trust fulfilled. Such the knowledge, such the power, for which we, as physicians, in the interest of humanity strive. The paths with weary feet we climb are rugged oft, and seemingly barren. Not for us the needed restful Sabbath. Not ours, the balm of sweet unbroken sleep, for which the night was given, nor yet the quiet joys that make a paradise of home. After lives of unremitting toil and sacrifice, not many of us may enjoy a well-earned competence, not many wear a crown of bays; but there will be some to give us pansies; and when, with tired hands still and folded, we go to meet the Master, Himself the chiefest of physicians, may we each one have of him fraternal greeting, and a kingly welcome home.

J. F. MCKINSTRY.

D.

## A NEW INSTRUMENT IN THE OPERATION FOR VESICO-VAGINAL FISTULA.

In reviewing the literature upon the operation for cure of Vesico Vaginal Fistula, we are impressed with the fact that until about a quarter of a century ago this operation had so often failed of success that it had become the opprobrium of the profession. Yet, when we learn that as early as 1660, the correct principles of a successful operation were laid down, our wonder is greatly magnified that success attended so seldom, even when performed by the most eminent operators of that period.

We are informed that about the middle of the 17th century Von Roon Huysen, an eminent surgeon in Amsterdam, in giving the details of the operation, directed that the vagina should be widely dilated with a speculum, the edges of the opening vivified with a knife or scissors, touching the bladder as little as possible, and united by strong pins of sharpened goose quills, about whose ends thread was wound.

This was certainly a method of correct treatment, and one which contains many of the principles of the modern and more successful operators. Nevertheless, we are informed as late as the early part of the eighteenth century, (1712) by Mauricia, that the condition was looked upon as incurable by operators, and, as late as 1790 we are told that the great French surgeon, Petit, confined his treatment to the proper care and to the introduction of the catheter and use of a urinal. Thus the 18th century passed without any progress in the treatment of this infirmity, from that introduced over one hundred years before.

The question naturally presents itself, why were these surgeons, the most of whom were surely following the correct principles in this operation, not successful? Why should not the followers of Von Roon Huysen's methods in this operation have succeeded as well as those of J. Marion Simms, Bozeman, Simpson, Emmett, Symon, and other modern operators? They were all governed by the same

general principles of surgery, and directed the vivisection and drawing the edges of the fistula together and held by interrupted suture.

There is but one correct answer, it seems to me, and that is, because they could not execute their designs properly. They knew what should be done, but were not supplied with proper appliances to carry into effect this simple but delicate operation. Thus we find that as late as 1832, the new method of closing the orifice of the vagina by uniting the labia majora was resorted to, an operation which never would have been submitted to nor suggested had Vidal de Cassias, its originator, been able to reach a higher point for union of the vaginal walls.

It was not until the middle of the nineteenth century, when J. Marion Simms made known the result of his experience, that this loathesome affliction was believed to be curable.

Nevertheless, there are among us here to-day some who remember the great celebrity given to Dr. Simms, at the time, by the introduction of his speculum, by which means he claimed the vagina could be well exposed and the operation for fistula be successfully performed.

Nearly forty years have passed since the discovery of this method of dilating the vagina and the success attending the operation since, is conclusive that, had the older surgeons, even in the beginning of the 18th century, known of this method of reaching the parts to be operated on, they certainly would have been far more successful.

There is no very great skill required to successfully operate for this lesion, provided the parts can be brought within reach; but when we see the long list of methods introduced since Simms'; the great number of specula; the harness of Bozeman; the exaggerated position of Simon, and numerous other ways of bringing the parts in convenient reach, we readily conclude that there is yet great difficulty in reaching the parts for successful operation.

It is to obviate, in some degree, this difficulty that I have devised a method which in seventy-five per cent. of the cases, will be of great aid to the operator. Unfortunately, the surgeon is seldom called to operate at an early period, and the consequence follows that he will encounter a certain amount of cicatrical tissue which causes a turning in towards the bladder of the edges of the fistula—a kind of entropium, as

it were—which renders it difficult to bring into view the edges, and especially difficult to properly pare them. This little instrument, which is nothing more than a rubber balloon, I have found a very great aid in bringing into proper view not only the edges, but the shape and extent of the opening.

My method of using it is to attach a light but strong tube to its neck, introduce the body through the fistula into the bladder and inflate it to the desired extent. You will be delighted by seeing not only the edges of the opening turning out to open view, but its shape and extent. Moreover, you will find that you have great control of the vesico vaginal septum, and able to draw the parts very near to, if not out of the os vagina. And while the edges of the fistula circumscribes the dome of this inflated rubber bag, you will plainly see how far you desire to vivify, and as the assistant holding the tube elevates or lowers his hand, you will be able to pare the edges thus brought into view and easy access, with much more accuracy and satisfaction than if done by having to lift the border of the fistula into sight with the tenaculum successively, as you pare place after place, and thereby incur the risk of leaving a small portion of the border untouched, which will surely defeat your operation. With this instrument, you will be able to vivify the entire edge without a break, and thus incur no risk on this very important feature, upon which success so much depends.

It is some aid, also, in giving you an idea of the number and direction of sutures required, and can be collapsed to allow the edges approximated. While in its inflated state, it prevents the flow of blood from the cut surfaces into the bladder, and thus enables you to cleanse that organ after the operation with less trouble; besides, should you have considerable hemorrhage from an arterial branch, you will be enabled to discover and control it, perhaps by pressure upon the inflated bag or by ligature, if necessary.

I have found that a convenient and suitable handle, as well as tube for the inflation of this instrument, is had in the long nozzle of a hard rubber uterine syringe. Care must be taken, while using it in an inflated condition, that the point of the tenaculum or scissors does not prick it, as it explodes with a noise commensurate with the inflation.

Not having seen in the literature of this operation, mention of any instrument for similar use, I claim for this originality, and hope that it will be found of as great service to others as it has to me, in operating upon this loathsome affliction.

Respectfully submitted, etc.

S. STRINGER, M. D.

E.  
OXYGEN.

BY FRANK H. CALDWELL, M. D., SANFORD, FLA.

GENTLEMEN: Many of my friends in the profession in this State, have ridiculed what they are pleased to call "Caldwell's Gas Hobby," it is therefore quite a courageous procedure on the part of one who has such a reputation for modesty and reserve as I, to stand before this assembly and advocate a treatment which has been regarded as the particular property of quacks. After testing this treatment for two years, spending much time and money in the investigations, I have adopted the treatment in my practice, and it is my firm conviction that many lives have been saved, many hours of suffering been prevented, and its use has made life bearable to many who could not be cured by any remedial agent.

I give you the action of the remedy as set forth in the works of Shoemaker and Wallian, accompanied by a few cases which have been treated by me and which have remained under my observation since their discharge.

What is the effect of oxygen gas when taken into the system?

We know from observation that often the effects are immediate; but there are other instances in which the effects are apparently delayed, and we conclude very naturally that the first effect, that is the *primary effect*, is upon the blood; we are therefore warranted in assuming that the *secondary effect* is upon the nutrition; that the oxygen is carried by the blood corpuscles and deposited within the tissues; and that the active changes that normally take place and favor elimination of excrementitious products are carried on more promptly.

It favors absorption; at the same time it increases excrementitious materials. The effect upon the blood is very prompt, as shown by experiments.

No unfavorable constitutional symptoms follow its inhalation; but on the contrary, a general feeling of well-being

is experienced ; there is cerebral stimulation and an unusual buoyancy characterizes the movements, all sense of weariness disappears promptly, conversation is more active and direct, the ideas concentrated and forcibly expressed, while the step is firm and elastic.

My observations show that when given combined with nitrogen monoxide and atmospheric air, there is decided improvement in the functions of nutrition. The general action is that of a stimulant, by which the whole nervous system is effected, and the functions of respiration are more perfectly performed. The temperature at first is slightly elevated, as well as the pulse ; digestion is carried on more promptly ; and the function of the red blood corpuscles is greatly augmented and often their form remarkably changed; instead of being depressed in the centre and presenting a schriveled appearance, they are full, rounded, and have every appearance of robust health, a change which is generally effected throughout the entire system, although, of course, this is not long continued from a single exhibition of the remedy ; but by repeated inhalations decidedly beneficial results have been witnessed.

In order to understand fully the benefits to be derived from this method of treatment, the physician should have the advantages of personal observation and experience.

The application of oxygen as at present conducted, covers a wide range of diseases, and, although not always curative, its use certainly has a favorable influence upon the progress of quite a number of maladies. Oxygen is not a universal panacea, but it forms one of the most important adjuvants within our reach to-day.

The synergists, are nutritious diet, iron, manganese, the alkalies and such other alteratives as may be indicated in the particular case.

Oxygen has been used with marked benefit in anæmia, leucocythæmia, septicaemia, lithæmia, neurasthenia, rheumatism, diabetis, uric acid diathesis, dyspepsia and chronic gastritis, eczema and urticaria, asthma, bronchitis, dyspnoea and emphysema, neuralgia, general debility and all catarrhal troubles.

Without burdening you with a longer list of diseases in which oxygen gas has been beneficial, I will mention a few of the cases treated by me in the past two years.

CASE 1. Male, aged 34 years; admitted May 3, 1889. Came to Florida in 1882 on account of lung trouble, sister died of consumption, found on examination large cavity in apex of left lung, cavernous cough, night sweats, no hemorrages, severe posterior nasal catarrh, discharge very offensive. June 1. No night sweats, discharge less offensive, cough not improved. July 1. No discharge from nose, cough not improved, no night sweats. August 18. Discharged, cured of catarrhal trouble, the night sweats had not returned, his breathing was easy, but the cough continues. This patient has since had La Grippe, but at this date his catarrh has not returned. He had been a sufferer for ten years.

CASE 2. Male, aged 27 years; admitted June 7, 1889. Posterior nasal catarrh, with the constant dripping of the offensive discharge into the throat. This case showed no decided improvement until August 1, after which date the improvement was marked, and on October 10, he was discharged, cured. There has been no relapse.

CASE 3. Female, aged 19 years, single; A patient of Dr. J. S. Montgomery. She had been treated by different physicians for four years without benefit. Dr. Montgomery had treated her for six months without benefit. She was pale, nervous, walked with a lagging dragging step. Easily exhausted, chest walls thin, no development of mammary glands, had never menstruated, abundant leucorrhœal discharge each month, accompanied with great pain, examination showed narrow contracted vagina, small badly nourished womb, ovaries could not be definitely located. Began to use gas May 1, 1890. No other treatment allowed. July 2, she menstruated for the first time. August 6, menstruation normal, she walked with a quick firm step, has gained flesh, never exhausted, mammary glands about the size of my fist, womb normal in size, and both ovaries found with ease. September 1, she abandoned treatment, and is to-day, a strong active young lady.

CASE 4. Female, aged 22 years, married. Admitted May 30, 1890. Consulted me for uterine troubles, weighed 95 pounds, very small, easily tired by exercise, no life, no energy, menstruated regularly but with great pain. Would not consent to examination I suggested the gas as an experiment, she consented, no improvement, suffered as much

pain as usual at the next period, but felt stronger, and appetite better, slept well. Second period, no pain, gain in flesh very apparent; September 11, stopped treatment, weighed 120 pounds. Menstruating regularly and without pain. She has since become pregnant, and her general health is excellent.

**CASE 5.** Male, aged 32 years, admitted June 3, 1890, Rheumatism, effecting right leg and hip, leg three inches less in circumference than its mate, walks with crutch; had been treated for two years, had used all known remedies. At his own request he was allowed to use the gas treatment. September 8, he was discharged cured; Swedish Movement had also been employed, there was not half an inch difference in the two legs.

**CASE 6.** Female, aged 20 years, single. Consulted me on July 1, 1890, "for fits." She would have periods of difficult breathing lasting several minutes, followed by unconsciousness lasting from fifteen minutes to several hours. She always had a "crying spell" at the wind up. The attack would come at varying intervals, several times each week; after a thorough examination and finding no cause for the trouble, decided that it was unadulterated hysteria. Three months of gas inhalations, and the "fits" have disappeared.

The above cases are selected because I have had the persons under my observation since their discharge and I know that the relief is permanent. Others have not had the patience to persevere in the treatment, have been benefited but not cured; in all cases the general health has improved and the weight has been increased.

During the past winter I have treated many cases of asthma and chronic bronchitis, with marked relief; cases of long standing, which had resisted other treatment for years.

Dr. Wallian, of New York, and Dr. J. V. Shoemaker, of Philadelphia, with many other physicians in the North and East, have used the gas for many years, with great success in many forms of disease not mentioned above. They recite numerous cases, many of which were cured by the gas alone.

*F.*

## LEGALIZED CRIME IN FLORIDA.

"The provisions of this title shall not apply \* \* \* to females who follow the practice of midwifery strictly as such."—Chapter 3881, Sec. 13, Laws of Florida, Session of 1889.

### GENTLEMEN OF THE FLORIDA MEDICAL ASSOCIATION:

With this text before us, you at once will see the drift of my discourse. An evil has existed in our fair land, from time immemorial, well known, yet unchallenged, or under slight protest. Nor is this strange, for some men will even apologize for the most patent vices, because of a perversion of a theological idea, inherent depravity obliges men to do evil; hence, as it is the inevitable, it must be loathed and endured stoically long years before a people dare rise in wrath and sweep it away.

In this case, and in earlier years, circumstances seemed to make tolerance of this evil a necessity. But now is there any such need, any valid excuse for the law that you have heard quoted in my text? Shall there be no penalty for gross neglect and shameless ignorance in our law, or shall we tacitly legalize malpractice?

What is more sacred than the conservation of life? Is not this the pivotal point, so to speak, around which all custom and all law revolves? From its beginning to its end should not life be entitled to all the protection available? Is it so in Florida? Read section 13, and then listen to the truthful tale that I shall tell. At the most helpless time in woman's life, when in throes of agony unspeakable, when needing all the skill of thorough education and sound judgment, mingled with loving care and tender sympathy, then she is often at the mercy of some coarse old dame, or ignorant black "granny" who, guileless of knowledge of anatomy, surgery or therapy, dares to interfere, prescribes powerful remedies recklessly, or resorts to superstitious or magical rites, or Voodoo charms, derived from African savagery. Yet Section 13 legalizes these old crones to tamper with the lives and health of helpless women and children, subject to no restraint, exempt from

tax and examination, without control or hindrance. And this in the last years of the nineteenth century, in a land famous for its learning, and among people professing to be preeminently humane! Is this stating the case too strongly?

Let us see. As the result of an extensive correspondence recently, and my own observation for the last fifteen years, I think that a very moderate estimate is that in Florida at least fifty mothers, and twice as many children are annually sacrificed to this "moloch" of ignorance, this ignorant, legally exempted female, "who follows the practice of midwifery strictly as such."

From a large number of cases reported to me by medical men from every section of the State, for whose courtesy I am very grateful, I cull a few of the more unique and striking instances, with no doubt but your own records can easily duplicate them.

For convenience, I shall divide these into classes:

1. Direct interference.
2. Injury the result of neglect.
3. Superstitious rites.

CASE 1. Hattie Q. Black, with a black "granny" attending. Child forcibly delivered, tearing out nearly the whole of the anterior wall of the vagina. The poor woman lived for fifteen years afterward, a pitiable object, as the constant dribbling of urine caused excoriation, with great pain, and the odor was very offensive.

DR. NEAL.

CASE 2. November, 1887. Mrs. F., white multipara, black midwife. I found the uterus fully contracted, but a terrible hemorrhage from a sharply defined cut which had severed a pireneal artery. This tied, I noticed that the child also had a clean cut across the occiput, and I sharply questioned the old black nurse about it. Her reply was, "As Missy was havin so hard a time, I thought I'd fix her so it would allus be easy for her after dis, so I tuk de knife an cut de place bigger, an I happen to cut de baby head." The patient refused to let me stitch the wound together, and till her death suffered from procidentia. The old granny boasted that she had "done dat way to heaps of women befo, but never had none to bleed dat way befo."

DR. GODFREY.

CASE 3. 1880. White primipara, white midwife. In this case also the knife was used, the patient nearly dying from the hemorrhage. Four weeks after I performed Agnew's modification of Sims' operation successfully.

DR. GODFREY.

CASE 4. White patient and midwife. After thirty-two hours' stay, the old crone informed the folks that "the child was deformed, and the head was busted." I found a breech presentation, and that the nurse had so clawed the child's anus that it was injured severely, in fact it never did recover. The old woman had never heard of such a presentation.

DR. CLAYWELL.

CASE 5. Black multipara and three black nurses. Twins. The first, a footling, had been in some way torn from the patient, rupturing the pireneum, dislocating both legs of the child, and the second child I found to have its neck and legs broken by the violence used.

DR. NEAL.

CASE 6. Patient attended by several old black women. They failed to aid nature, and sent for me. I found the patient on the floor, in the knee-chest position, a dead child hanging by its neck, its arm and thigh broken by the violence used. This condition of things evidently had existed many hours.

DR. MCKINSTRY.

CASE 7. Patient and nurse colored. In this instance the cord had been torn from the child, leaving a hole at the umbilicus, through which I easily could pass my finger, causing the death of the child. The granny's story was: "De head come down all right, but as Missy couldnt born it, I fine cord rap roun he neck tree time, an I pull it, an it come out."

DR. GODFREY.

CASE 8. Mrs. F., white, colored nurse. After forty-eight hours of irregular pains, the nurse kneaded and squeezed the abdomen for some time, causing intense pain to the patient and entire cessation of motion. Next day I was sent for and found the child dead. I then delivered with forceps, and afterward treated a bad case of peritonitis which followed, and that, I am sure, was the result of the action of the nurse.

DR. NEAL.

CASE 9. Black patient. Ninth child. I found her, when sent for, sixty-nine hours after the rupture of the mem-

branes, lying on the floor, on her back, and two fat old women sitting on her abdomen, aiding nature, *a la Crede*, to expel the child. I delivered with forceps, a child with its neck broken from the rough treatment it had received at the hands of the "grannies." DR. NEAL.

CASE 10. Mulatto, and black nurse. Found the child born, uterus inverted, placenta adherent. I peeled off the placenta, and as she fainted, she became relaxed so that I was enabled to replace the uterus. The nurse had pulled at the cord, "de cord he break an' de woman went to dyin, and dey sont for you," was her comment.

DR. GODFREY.

CASE 11. Patient in labor for three days, child dead; am satisfied that the prolonged labor killed it.

DR. PIERPONT.

CASE 12. Primipara. White. When I arrived, the body of a fourteen pound child had been born some four hours. In her efforts to remove the head, the colored midwife had twisted and pulled it until the cervical vertebrae were dislocated and separated at least an inch. I removed the head in a few seconds.

DR. N. D. PHILLIPS.

CASE 13. Black patient and nurse. The placenta was adherent, and the nurse pulled so hard on the cord that it was torn off at the placenta. From the hemorrhage the patient soon felt faint; the nurse then gave her a cup of some hot drink and raised her into a sitting position. At once she fainted, gave a gasp or two and was dead. I found the bed saturated with blood upon my arrival soon after.

DR. NEAL.

CASE 14. White patient, black attendant. Breech presentation. After three days' futile effort, in which tansy tea, silver tea and all sorts of charms had been tried, I was sent for. The child was dead, and the mother was with great difficulty saved from death by peritonitis.

DR. A. PEELER.

CASE 15. Black primipara, black nurse, retained placenta, contracted uterus, septicæma, death.

DR. APPEL.

CASE 16. White patient. The black granny pulled off the cord. Some five hours afterward I delivered a second child that the nurse "had no idea that was there."

DR. SEARS.

CASE 17. Black patient and midwife. Eighth labor. The arm was felt and pulled down, then broken. "Did not know what dat were." Child was dead when I arrived.

DR. NEAL.

CASE 18. Negro multipara. The granny said the arm came out, and in pulling "to help it, de arm came off." It was torn off at the shoulder, making a truly horrible sight. The mother died that night.

DR. GODFREY.

CASE 19. White patient, black attendant. Placenta retained four days. The cord lashed to patient's leg, "to prevent it from going back," an event they especially feared might happen. The placenta was horribly decayed.

DR. MCKINSTRY.

CASE 20. This was precisely similar to Case 19.

DR. CHALKER.

CASE 21. White primipara. In labor a week. There had been no pain for twelve hours. The black granny had boiled a silver dollar and given the tea, also tea made from the nest of the "dirt dauber," and tansy tea, but they seemed to do no good. I found that the urine had been retained for twenty-four hours; there was peritonitis and tympanitis. The head of the child was in a high state of decomposition, the skin peeling at touch. I performed craniotomy and delivered the child. This was immediately followed by an explosive sound, like the bursting of a paper bag, easily heard some distance, and the odor of the escaping gas was so offensive that one of the women fainted. The patient died that night and the granny said: "Done all I could."

DR. J. P. PEELER.

These, gentlemen, are but a few of the cases that I have, yet enough to illustrate the horrid evil of a reckless, ignorant, unrestrained midwifery. In the course of a few years' practice these instances become exceedingly familiar to the medical man, and, quoting from letters, I find such remarks as these: "I have seen procidentia, puerperal fever, septicaemia and many other complications incident to such mismanagement.

DR. GARY."

"It would be very tedious to go over all the individual cases of malpractice observed during my professional life, as performed by the colored midwife. I have seen arms broken or dislocated by ignorant midwives in their efforts to correct abnormal positions.

DR. PPILLIPS."

"I have met with more cases of hourglass contraction, before the placenta was delivered, with women midwives, than in the 780 cases in which I alone was responsible for the management.

DR. CLAYWELL."

But I need not give further instances, nor do more than state that neglect has caused trismus, sore eyes, excoriations, ruptures, ulcers, colics and other infantile troubles, and prolapsus, dysuria, septicæmia, pelvic abscess, piles, dropsy, mammary abscess and many other preventible troubles incidental to the lying-in period.

Now I shall briefly give a few instances of the dangers, the vagaries and superstitions of these untrammeled legalized crones :

CASE 22. Multipara. Adherent placenta. The knowing midwife had the patient placed on her feet, and then two stout women shook and violently "churned" her up and down till she fainted, and then I was sent for.

DR. STRINGER.

CASE 23. White patient. I found this a case of fearful post partum hemorrhage, blood having passed through two mattresses to the floor. I delivered part of the retained placenta and caused the uterus to contract, when the flow ceased. In reply to my query as to what had been done, the old midwife replied, "Ize fixed her; look under de bed." And there was the head of an old axe, edge upward.

DR. PIERPONT.

CASE 24. In this case, as a *dernier resort*, a silver quarter of a dollar was boiled some minutes and the tea given to increase the pains.

DR. A. PEELER.

CASE 25. White primipara. The labor lingering, the patient was caused to pass an ounce of urine, and then the two nurses, by force, poured it down the patient's throat, giving as a reason, that "it had gone that way before."

DR. WILLIAMS.

CASE 26. The black nurse came the day before the labor, and, without a word, gathered up all the ashes from the hearth and hid them. When the placenta was taken she built a fire out doors and, sprinkling the cold ashes she had hidden the day before over the fire, she burned the secundines, for good luck.

DR. BATES.

CASE 27. White primipara. After waiting on the patient a day the white nurse sent for me to aid her. I soon delivered twins, and, as I tied the cord, the "granny" came with a cup and asked for three drops of blood from the placenta, and told me that it was to give the mother to prevent afterpains in the future.

DR. NEAL.

CASE 28. This was similar in character to the last, only ten drops of blood were required.

DR. CHALKER.

CASE 29. The child, as soon as it was dressed, was put under the table to insure its future good behavior.

DR. HODGES.

CASE 30. As soon as possible after birth, a short ladder was brought in and the babe passed through it, over and under the rungs. I never found out why this was done.

DR. BATES.

CASE 31. In most cases where a black nurse officiated, I found the custom was to sprinkle salt on the placenta and then burn it in a corner of the fireplace.

DR. NEAL.

CASE 32. It was their habit (the midwives' habit) to drive off the place every male, upon their arrival at the house of the patient, this often made trouble when they needed to send for help.

DR. GODFREY.

CASE 33. Black multipara. Three black grannies. Puerperal convulsions setting in with the beginning of labor. After six hours of trial, using all the remedies they had, they came to the conclusion that the devil had possession, and that his satanic majesty demanded a sacrifice. The patient's father had sent for me in the meantime. The old women caught a small black hen, one held the right leg and wing, another the left leg and wing, while the third sawed her way through with a dull knife. The pieces were then thrown on the blazing fire in the chimney. I arrived

in time to see the finale of this relic of the Voodoo worship and hear the explanation of the strange ceremony.

DR. NEAL.

CASE 34. The mulatto primipara being unable to "bear down" the first stage of the labor, the granny sent for a switch, and beat the patient to compel obedience.

DR. CHALKER.

CASE 35. The patient, after the delivery of her first child, was compelled to swallow a small piece of the umbilical cord, to ensure future exemption from afterpains.

DR. BATES.

CASE 36. A few drops of the first urine passed by the child were mixed with some breast milk, and given the child, "to clear de flem outer its frote."

DR. WILLIAMS.

CASE 37. White patient, threatened with abortion. A black nurse prescribed tansy tea, "dat shut up the mouf of the womb, suah." Not being certain about this, the lady asked my advice, before taking the tea. DR. APPEL.

CASE 38. The child's mouth becoming sore, an old auntie told the mother to go to a fence corner and rout out the big black sow that slept there, and to lay her baby in the hog's bed for a minute or two, and then walk backward with the child to the house. This was to be done at sunrise to ensure a perfect cure. DR. NEAL.

CASE 39. As soon as the child was dressed, a string of red beads was tied around its neck, to prevent hemorrhage from the cord! DR. WILLIAMS.

CASE 40. At the end of the first day, the child had a red string tied around the right leg, and a little bag containing a lump of assafœtida hung on its neck, both as charms, potent against danger of its being conjured. DR. NEAL.

But I might go on, *ad nauseam*; but these cases certainly are enough to base my strongest deductions as to the need of some changes in our law, that, perhaps unwittingly, legalize these crimes in our State.

You all are witnesses of these things, and now, what can be done to prevent this malpractice? Cannot we compel females practicing midwifery, to at least learn what not to

do, and when to call in the aid of educated skillful medical men, and prevent such catastrophes as are detailed in Cases 4, 13, 15 and 19, or such malpractice as Cases 2, 3, 5, 6, 12, 18 and 22. Our good folks ought to awaken to the need of missionary work among people who believe in charms and spells, in conjuring, witchcraft and diabolical rites. The Florida Medical Association might inaugurate such a reform, and begin at the present Legislature, that alone can modify or abolish existing law. How absurd it is, to compel all recent graduates, no matter from what college, to stand an examination, and pay for it, and then they must compete in practice with some old "granny," or black "nurse," totally ignorant of knowledge of anatomy, surgery or hygiene, and she exempt by law from tax, restraint or examination!

Gentlemen, a subject like this demands serious consideration at your hands, let me urge you to give it full and free discussion, and then act.

JAS. C. NEAL, M. D.

*Lake City Fla., April 10, 1891.*

*G.*

REPORT OF CASES TREATED BY KOCH'S  
LYMPH.

On January 19th, I received from Berlin a supply of Dr. Koch's tuberculin for use in the Schumacher Hospital at Jacksonville.

The following day three applications for treatment were made; none of these were suitable cases and all were refused.

Thirty-eight cases of phthisis, in the third stage, have been refused treatment up to the present time.

The following is a brief report of the six patients in whom the tuberculin has been used.

CASE 1. Mr. T., 46 years of age, native of North Carolina, occupation, butcher, no tubercular heredity.

This patient had been in the hospital some weeks, suffering with empyæma; was much emaciated, had some cough and expectoration.

Physical examination shows dullness and bronchial breathing at apex of right lung, flatness at base.

Sputum was examined but no bacilli found.

The first injection of tuberculin was made January 29th; through an error in calculation only one-tenth of a milligramme was injected, no reaction followed; the amount was gradually increased every second or third day, without reaction, for three weeks, at which time the temperature jumped to 100.5° following the injection of ten milligrams; the following day the temperature was normal. Injections of a like quantity were used twice more, then discontinued.

Meanwhile the patient steadily improved, gaining rapidly in flesh, his gain for the two months following the first injection, being eight pounds. He is now at home, still improving.

This was evidently not a case of phthisis; still, at the time the injections were begun, the medical staff of the hospital were in doubt as to the possible presence of some tubercular trouble, in addition to the empyæma, and it was thought best to make a trial of the tuberculin.

CASE 2. Mr. E., 24 years of age, native of Rhode Island, occupation, printer, brother and sister died of phthisis.

Came to this State two years ago in perfect health. In August 1890, contracted a cold, and following this had cough with some expectoration; he lost in weight steadily and became unfitted for work.

Physical examination shows slight dullness at apex of left lung with bronchial breathing and a few crackling rales. Thickening and congestion of mucous membrane of vocal cords causing husky voice, no laryngeal ulcers. Sputum examined and bacilli found.

February 5th, injection of one-half milligram of tuberculin at 11:30 A. M.; in three hours the temperature had gone up to  $99^{\circ}$ , but was normal again at 5:30 P. M.

The temperature remained normal until the 7th, when one milligram was injected, and in three hours the temperature was  $99.1^{\circ}$ , the normal point not being reached until six hours later.

February 9th, two milligrams were used with reversion of  $99.1^{\circ}$ .

February 11th, four milligrams were used, and this time no reaction occurred until fifteen hours later when the temperature rose to  $101.5^{\circ}$ .

The injections were suspended for four days, as the temperature did not become normal until the evening of the second day. Following this, the injections were made every third or fourth day gradually increasing the amount of tuberculin until March 7th, when twenty milligrams was used with a reaction of but  $99^{\circ}$ .

The expectoration had almost ceased, so that it was difficult to obtain a specimen of sputum for microscopical examination; it was examined however and no bacilli could be found. Physical examination showed no dullness, nor bronchial breathing at left apex; the husky voice had cleared a great deal and patient was rapidly gaining.

During the month of treatment and the month following the patient gained six pounds in weight.

At the expiration of the two months, the bacilli still being absent from the sputum, the patient was permitted to leave the hospital.

CASE 3. Mr. F., 25 years of age, native of Cuba, occupation, cigar-maker, one brother died of phthisis.

Perfectly well until May, 1890, when he contracted a cold.

Following this he developed a cough which was attended by night sweats and great loss in weight.

In November, 1890, he had a slight hemorrhage and following this some expectoration.

Physical examination shows dullness of right upper and middle lobes with bronchial breathing.

There being no expectoration, an examination for bacilli could not be made. Temperature taken before treatment is of hectic type.

February 19th. First injection of one-half milligram of tuberculin; no rise of temperature above the regular rise of the hectic.

February 22d. Injection of one milligram, and nine hours later a rise of one fourth degree above the regular hectic.

February 24th. Injection of two milligrams, and one hour and a half later the temperature rose two and one-half degrees higher than the previous reaction. The following day at noon the temperature again rose to  $101.5^{\circ}$ , remaining at that point for three hours.

The patient was instructed to report when the temperature became normal.

March 13th. Patient called at my office and reported himself as feeling so much improved that he had decided to accept a position just offered and return to work. He had gained three pounds in weight during the three weeks. Physical examination shows a decided gain in use of right lung and a marked clearing up of the right apex. The hectic fever had disappeared.

April 10th. Patient seen to-day; is still improving and has had no return of the hectic.

CASE 4. Mrs. C., 37 years of age, native New York, no tubercular heridity.

Perfectly well until February, 1890, when she had pneumonia, since which time she has had a persistent cough with expectoration.

Soreness of left chest and cannot sleep on left side; has had night sweats for several weeks and has had several slight hemorrhages. Physical examination shows marked dullness at left apex, bronchial breathing and crackling moist rales; dullness extends to lower border of third rib.

Bacilli in sputum abundant.

February 24th. First injection of one-half milligram, no

reaction until morning of the second day when a temperature of  $99^{\circ}$  was observed.

\*Following this, injections of one-half milligram were made every second or third day without producing a greater reaction than  $99.5^{\circ}$ . The last injection—making fourteen in all—was made April 3d.

\*No reaction was produced by the last two injections. The bacilli have disappeared from the sputum and the left apex is much clearer. Some dullness persists but there are no rales.

The patient gained two and one-half pounds in weight during treatment, and the cough and expectoration almost disappeared. Treatment was suspended, as patient felt so well that she refused to have anything more done.

CASE 5. Mrs. H. 28 years of age, native of Alabama, lost a brother with phthisis.

For five years she nursed the brother who died with phthisis, and in May, 1890, she began coughing; this was soon followed by progressive loss in weight. Physical examination shows dullness of both upper lobes, a small cavity in upper lobe of left side, a profusion of moist rales on both sides. Bacilli abundant.

March 25th. First injection of one-half milligram of tuberculin; five hours later temperature rose to  $99.4^{\circ}$  and the next day to  $100^{\circ}$

March 27th. Temperature being normal an injection of one-half milligram was made and in six hours the temperature was  $99.4^{\circ}$ . The noon temperature did not become normal again until the 31st, on which day one-half milligram was again injected; in seven hours the temperature was  $100^{\circ}$ .

Another wait was made for temperature to become normal, and April 4th, one-half milligram was injected producing a reaction of  $99.4^{\circ}$  in seven hours.

The temperature was normal the next day but injections were suspended for four days as the patient had contracted a cold and expectorated some bloody sputum.

April 8th. Again one-half milligram was injected producing a reaction of  $99^{\circ}$  in eleven hours.

April 11th. An injection of one-half milligram was made, from which I have no report.

The patient is still under treatment. The only change noticeable since the first injection is a decrease in the rales

and greater ease in breathing. She has not been weighed since the first week.

In none of the cases was any change made in diet or medication, nor was any other treatment employed.

#### CONCLUSIONS.

The reaction may appear in from one hour and a half to twenty-four hours and as treatment progresses the longer the delay in the appearance of the reaction.

None of my patients showed any changes in pulse or respiration other than the temperature change would account for.

None of the cases showed eruptions, abscess, dyspnœa or increased areas of dullness.

One patient developed muscular pains over the entire chest, following each injection.

One patient showed marked sub-normal temperatures following the reactions.

In my opinion the best results from the use of tuberculin are to be obtained by the use of small amounts such as will give reactions not exceeding 100°.

In this way the patient's strength and nutrition are maintained, the patient is at all times comfortable and can go about taking out-of-door exercise.

If tuberculin can be aided by a suitable climate, and good nourishing food, it can certainly accomplish much improvement in the condition of patients in the first stage of phthisis, the permanency of which time alone will show.

I believe that much harm has been done by the indiscriminate use of the remedy. In some cases too little care has been exercised in their selection, and too great haste shown in the increase of the amount of the tuberculin thus causing violent and dangerous reactions.

I believe that tuberculin is a valuable and safe remedy in incipient phthisis but should be used with great caution after the first stage.

April 11, 1890.

SOLLACE MITCHELL.

H.

NINE CASES OF WOUNDS OF THE ABDOMEN.

BY DR. W. C. GORGAS, U. S. A.

I present in this paper nine cases of wounds of the abdomen, occurring in the practice of Dr. Anderson, Dr. Renshaw and myself. I had at first intended to include some other cases of diseases requiring operation, but upon more mature consideration, have concluded that it would make the scope of my paper too broad for profitable discussion. I have reported these cases both with the object of having them recorded, as they have not before been reported, and because the opinion of the profession does not seem entirely settled as to the mode of procedure in such cases.

The main questions to be determined by a surgeon when called to a case of abdominal wound are: First, Whether or not the abdominal cavity has been penetrated; and Second, If penetration has occurred, whether any of the viscera have been injured. The first question, in the majority of cases, is decided for the surgeon by the protrusion from the wound of some of the abdominal viscera, but in a minority of cases, when this question is not determined by the appearance of the wound, it remains a subject for grave anxiety to the surgeon. The subjective symptoms of the patient being a very uncertain guide, and surgical writers being by no means in accord in their advice on this subject. When the question of penetration has been determined affirmatively, the still more important question as to whether any of the viscera have been injured, has to be settled. The surgeon finds himself equally at sea here. No clear sign or symptom to guide him. The systematic writers on this question, as far as I have been able to consult them, advise an expectant course, unless there is clear evidence of visceral penetration by the discharge of their contents. The writer in Ashurst's International Encyclopædia of Surgery, published in 1884, advising for the treatment of penetrating wounds of this region that they should be closed and treated as non-penetrating wounds, unless some discharge clearly in-

dicated the wounding of some abdominal contents. Judging from the journals in the last few years, surgical opinion has leaned to the belief that where penetration was established in an abdominal wound, the wound should be enlarged or the abdomen opened in the median line, and the question of visceral injury settled. Dr. N. Senn, of Milwaukee, in his article read before the surgical section of the Tenth International Congress, last August, showed that, in experiments on the cadaver, about one-third of the balls fired through the abdomen missed injuring the viscera. Lately I have seen several articles advocating the expectant plan.

REPORT OF NINE CASES OF ABDOMINAL WOUNDS AND DISEASES  
REQUIRING OPERATION, NOT BEFORE REPORTED.

Dr. E. G. Renshaw, of Pensacola, Florida, kindly furnishes me with notes on the following cases:

1st case A case of gun-shot wound of the abdomen. Dr. Renshaw saw this case in consultation with Dr. R. W. Hargis, of Pensacola, with whose permission it is reported. During the latter part of 1890, a negro, 21 years old, was wounded by a pistol ball while in stooping position. Ball entered half an inch to the left of left tuberosity of the ischion, ranged upward and forward, lodging in the anterior wall one inch to the right of the navel. Bloody urine was drawn by catheter. On extracting ball free hemorrhage took place from the deeper parts. On account of the evident perforation of the bladder, and the general direction of the ball through the abdominal cavity, an unfavorable prognosis was given, but it was thought that laperotomy would give him the best chance. Median incision made from navel to pubes. Thirteen perforations of small intestines found, also three of mesentery. Several mesenteric arteries ligated, and wounds in intestines closed. Abdominal cavity cleansed and wound closed. Catheter left in bladder. Operation done with antiseptic precaution at night. Next morning pulse 90 and temperature 101. Patient died thirty-six hours after operation.

2d case. Dr. F. G. Renshaw. Mr. T. was stabbed in abdomen. Saw him four hours after injury; found wound inch long about three inches to left of navel, through which

several inches of intestine protruded; another two inches to right and an inch below, through which three inches of intestine protruded; another three inches below navel, penetrating cavity. Intestines had been exposed since injury. With the usual antiseptic precautions wound to the left of navel was enlarged, intestine returned, contents of abdomen examined, no visceral lesion discovered and abdomen closed. Patient made an uninterrupted recovery, and was discharged in six days. Patient weighed 275 pounds, and his getting up on the third day was followed by a hernia at site of abdominal incision.

3d case. Dr. F. G. Renshaw. A sailor who had been stabbed in abdomen. Two feet of intestine and omentum protruded through the wound. Intestines cleansed and wound closed with antiseptic precautions. Patient made an uninterrupted recovery, temperature not rising a degree above normal. Was discharged in eight days.

4th case. Dr. F. G. Renshaw. Scott, a negro, several years since, was brought in with abdominal transverse wound six inches long, just below the navel. Intestines were protruding, being supported in patient's hat, which was held in front of him. Intestines were returned without any very careful cleaning, and abdomen closed with shoemakers' thread. Patient made good recovery.

5th case. Dr. F. G. Renshaw. John Robinson, aged 23, in 1888, received a stab wound which severed costal cartilage of left sixth rib and other cartilages of that side. When seen, stomach was protruding through wound, and the stomach itself had been penetrated. Small artery was spurting from wound in stomach. Artery controlled by torsion, wound in stomach sutured, stomach returned and abdominal walls closed. Antiseptic precautions could not be adopted in this case. Patient made good recovery, and was discharged on the 8th day.

6th case. Notes of this case are kindly furnished by Dr. W. E. Anderson, of Pensacola. Facina, age 24, a Sicilian, was stabbed by a fellow countryman on November 5, 1885. Weapon used the knife ordinarily carried by sailors in a belt around the waist. He was carried about two hundred yards, in a very constrained position, to Dr. Anderson's

office. Wound found two inches to the left and two inches below umbilicus. Intestines protruding. Search was made for wounded intestine, and discharging faeces attracted attention to a puncture in gut which easily admitted two fingers. A small artery which was bleeding freely in intestinal wound was ligatured, ends of ligature being kept in lumen of gut. Wound in gut sutured with surgeons' silk, gut cleansed with carbolized solution, abdominal wound enlarged and intestines returned. Abdominal wound closed and dressed antiseptically. On the evening of the 6th, temperature rose to 104, fell next morning to 102, remained at that point for several days, then rose again to 104. Dressing removed, canula introduced through abdominal wound and some pus and a considerable quantity of bloody fluid withdrawn. This relieved pain, which had been considerable. Temperature next morning was 100, and gradually dropped to normal; bowels moved on the eleventh day without cathartic. Patient was on the street on twenty-first day, and is still living in the city, suffering no bad effect from his wound.

7th case. Dr. W. E. Anderson. A negro, age 23, was shot with a 38-caliber Winchester rifle, on September 11, 1890. Shooting occurred about twenty-five miles out in the country, and person shooting was thirty yards behind patient when he fired. Patient was brought in about four hours after. On examination it was found that the ball had entered from behind, penetrating the upper segment of the right lateral mass of the sacrum, passed through abdominal cavity, and lodged under integument in front. Patient's general condition being good, it was thought that a laparotomy would give him the best chance for recovery. He accordingly removed to the Marine Hospital and operation performed by Dr. Anderson, about ten hours after receipt of wound. Abdomen opened in median line, three intestinal wounds found; closed with cat-gut, intestines and abdominal cavity irrigated with boracic acid and carbolic acid solution, bleeding stopped, and abdominal wound closed with continuous suture. Antiseptic dressing applied. Patient reacted well. During the night, feeling uncomfortable, he pulled the dressing off and had some vomiting. Upon being visited next day, fourteen hours after operation, it was found that the abdominal wound had

given away and that the intestines lay upon the abdomen, covered only by the bed clothes. Intestines were carefully cleansed with an antiseptic solution and returned, and abdominal wound again closed. During the day, temperature rose to 103, and patient gradually became weaker. Right leg became paralyzed during the evening, and patient died next morning, fifty-four hours after receipt of injury. No autopsy.

8th case. A white man was wounded with a 38-caliber pistol, at Eagle pass, Texas, in 1881. I saw patient about half an hour after injury. Was suffering considerably from shock and great pain. Ball had entered anteriorly four inches to the left and three inches above the umbilicus, and passed directly through and out behind. Patient treated expectantly, and died twelve hours afterward, from shock, and apparently, internal hemorrhage. No autopsy.

9th case. John Butler, negro, age about 22, was stabbed with a pocket knife at 8 P. M. February 13, 1891. He walked half a mile to his home. Saw patient about 10 P. M. same night. General condition good, but considerable pain. Wound an inch in extent, two inches above anterior superior spinous process of ilium and four inches to left of median line. Small piece of omentum protruding. Wound cleansed and dressed antiseptically. Patient would not at first consent to an exploratory operation, but he afterward changed his mind, and at 9 P. M. of the 14th, with the advice and assistance of Dr. J. W. Ross he was operated upon. Wound was enlarged so that the finger could be freely passed into abdomen. As there was no indication of extravasation in the neighborhood of the wound, and no faecal odor to finger when swept around abdomen, we hoped that the gut had not been punctured, and that an expectant course would give the best result. Large drainage tube put in, and external wound left open. Wound dressed antiseptically and operation done with strictest attention to antiseptic details. Patient did well, temperature not rising above 101, though he took a good deal of morphine for pain. On 16th a profuse faecal discharge commenced from wound and he would vomit occasional faecal matter. Patient continued growing weaker till the 23d, when he died. No rise of temperature. Autopsy showed track of wound to extend from external incision obliquely inward, connect-

ing with an abscess cavity, the walls of which were formed by the agglutinated intestines. Two wounds in the gut discharged its contents into this cavity. The larger incision, into which the thumb could be introduced, was situated in the small intestines four feet above the cæcum, a smaller puncture, admitting a lead pencil, was found two feet higher up. The pelvis, filled with faecal matter and pus, communicated with this abscess. The rest of the abdominal cavity was walled off by the matting together of the intestines, and seemed to be free from faecal matter, though there were numerous small collections of pus found among the matted intestines all over the abdominal cavity.

In these nine cases, the question of penetration does not arise. In all except the gun-shot wounds, some viscus protruded, clearly indicating that the abdominal cavity had been penetrated. In the gun-shot wounds, the direction of the missile rendered the diagnosis almost certain. In cases five and seven the protruding viscera showed perforation. In cases two, three and four, the nature of the wound rendered it possible to ascertain by inspection that the viscera had not been injured. In cases one and seven laparotomy demonstrated perforation. In case eight the result and direction of the wound rendered it almost certain that some of the viscera had been penetrated. And in case nine autopsy established that fact.

Here we have nine cases of penetrating wounds of the abdomen, in six of which the viscera were injured and in three not. About the proportion that Dr. Senn found in his experiments on the cadaver in gun-shot wounds, ten out of fourteen. The proportion of injured viscera in penetrating gun-shot wounds is probably greater than in stab wounds. If I can establish my deductions with regard to stab wounds, they will be still stronger with regard to gun-shot wounds. Of these six cases, five, two of visceral injury and three of no injury, were treated by laparotomy under the most unfavorable condition, and all so treated recovered. One, in which the inspection (my own) was not so thorough, and the intestinal injury overlooked, died. From these cases I draw the following conclusions, which I think accord with the surgical opinion of the present day, that the surgeon, when called in a case of abdominal wounds, should first determine whether the abdominal cavity has been penetrated. That the subjective symptoms of the pa-

tient are no reliable guide. That in those cases when such positive signs as the protrusion of viscus, or the discharge of the contents of some of the viscera have not occurred, the surgeon should satisfy himself by careful dissection. If he finds that the abdominal cavity has been penetrated, the abdomen should be sufficiently opened to ascertain whether or not the viscera have been injured. We will, no doubt, lay ourselves open to considerable criticism in opening many abdomens where we find no visceral injury, and now and then have a death due to the laparotomy. But with our present knowledge, I do not see how this is to be avoided. If we can find any reliable means of diagnosing visceral injury without opening the abdomen, it would be a great advance in this particular line of surgery. But at present, the surgeon who opens the abdomen in these cases, I am convinced, will have a much larger per cent. of recoveries than he who does not. Dr. Senn, in his paper before referred to, thinks that he has found a positive test with his hydrogen gas. It has not yet been tried sufficiently to settle its merits.

## I.

### NOCTURNAL FEVERS.

*Mr. President and Gentlemen of the Florida Medical Association:*

I ask your attention for a few moments only, to a form of fever I have noticed in Florida which differs from the ordinary forms described in text-books, or that I have treated elsewhere.

It is a very mild form of fever, rarely of sufficient severity to cause a patient to quit work, and never severe enough to confine one to bed. During the summer and fall of 1889 I had occasion to prescribe for more than forty cases of nocturnal fever; during the same season of 1890, I did not see so many cases, but took note of as many as possible, which, owing to the mildness of the complaint, was only in five instances.

As a rule the only inconvenience complained of was fever during the night followed by a profuse sweat. On arising in the morning, (as a patient of mine described it) there would be a "dark brown taste" in the mouth, and a feeling as if he had done something mean during the night. The white coat found on the tongue of mornings, largely disappears with the hearty breakfast usually eaten, for the rest of the day the patient is comfortable.

The clinical history is embodied in the following particulars in which it differs from the ordinary forms of fevers: 1st, The temperature is normal during the day. 2d, The fever rises from 7 to 10 P. M., lasting two to four hours, rarely exceeding 102° Fahrenheit. 3rd, The sweat following the fever is profuse even when the temperature has not exceeded 101°. 4th, There is no headache, nor is the fever preceded or accompanied by any pain in the back or limbs. 5th, Anorexia is slight, the functions of the bowels and kidneys are not interfered with. 6th, I have never seen a case in women.

A large percentage of the cases seen were in men on night duty, or much exposed to night air. Quinine, in my hands, had so little effect in arresting the fever, as to raise the

question whether or not it is due to malarial influence. Calomel will frequently arrest the trouble especially in instances where the so-called bilious conditions exist.

It is important that the patient keep out of the sun and night air. I have seen a number of cases where the fever would not recur by simply observing the above precautions.

For nocturnal fever, I now prescribe tonic doses of iron and quinine, and such other remedies as may be indicated in individual cases.

R. L. HARRIS.

*Oakland, Fla., April 11, 1891.*

## K

### THE LEPROSY PROBLEM.

BY DR. R. P. DANIEL.

The title selected by me for the paper which I shall have the honor to read before the society to-day, will not, I trust, cause any apprehension on the part of my fellow members that I propose to consume their time or tax their patience by undertaking an elaborate essay on Leprosy. It would be both presumptuous and ridiculous for me to attempt anything of the kind. My object is simply to suggest to your attention the extent and distribution of this disease as known to exist at the present day ; to note and discuss the degree of danger from possible extension of it in our own country, and, likewise, to state and consider the means and methods of protection advisable or practicable. In doing this I shall freely avail myself of the fruits of the labors of others ; and shall feel that, in so doing, I am better accomplishing what I propose than by collating for myself.

There are perhaps few diseases which we find recognized and described so far back in authentic history as this loathsome and dreaded malady ; and the literature of the subject is as interesting and curious to the antiquarian and historian as to the student of medicine. Indeed, the frequent allusion to this disease in Holy Writ, and particularly the detailed description of its symptoms and directions for the disposition of its unfortunate victims, laid down by the great Law-Giver, have served not only to familiarize the people of all Christian lands with the name, but have, likewise, impressed the popular mind with a peculiar and exaggerated horror at its presence.

Leprosy has been known to exist in almost every inhabited portion of the globe at some period of its history ; either the heats of a tropical sun, nor the icy regions of the frigid zones have appeared to make any material difference in its development and extension. The great continents of the Eastern hemisphere, as well as most of the more important and extensive islands of the old world, have all had this disease recognized in them ; and, during the earlier

periods of the Christian Era, Leprosy was sufficiently prevalent in Europe to cause the presence of numerous hospitals or lazarettos for the segregation and care of these unfortunates. Neligan says "in the middle ages leper hospitals were common everywhere. In 1226 there were 2,000 of them in France, limited as its territorial extent then was, while in England they were numerous and wealthy."

Provision for the care of lepers appears to have been made on a more or less extensive scale in the principal countries of Western Europe, between the sixth and twelfth centuries. These hospitals and places of refuge doubtless owed their existence principally to religious zeal and authority. About the close of the 15th century and beginning of the 16th, when, for the first time, Syphilis became known as a separate and distinct disease, the prevalence of leprosy in Europe seems to have commenced diminishing, until at this day, the disease has become very much more limited in extent and numbers; though, from authoritative statements, quoted on a succeeding page of this paper, it would appear that leprosy is by no means a thing of the past only, even in Western Europe. Whether there is any relation of cause and effect in this diminution, or whether it is merely a curious coincidence, does not appear to have been thoroughly made clear to the minds of those who have made this suggestive point in the history of leprosy a matter of research and study.

Whilst the disease has been known and described in most parts of the Eastern Hemisphere for so many centuries, we have no reason to believe that it existed in the American continents prior to the invasion of this hemisphere by the people of the East.

Popular interest in, and apprehension of this disease, appears to have diminished, at least amongst Christian nations, in direct proportion to its gradual lessening in those parts of Europe where it had formerly been common, until there seemed to be left not much more than a curious interest in and horror of a dreadful curse which the Bible described, and which afflicted so many in the early centuries of the Christian Era.

Within the last few years, however, an active and anxious interest has again been aroused on this subject, and, oddly enough, it is chiefly in the Western Hemisphere that the agitation of this question has arisen.

There is nothing in the history of the aboriginal inhabitants of America, so far as I am aware, to warrant the belief that leprosy was known amongst them, and it was not until after the invasion and settlement of this continent by the people of the East that this disease appears to have presented itself here.

The phenomenally rapid development which has marked the history of the United States, and the constant stream of immigration which has been pouring into its borders from many of the eastern nations, has rendered our country peculiarly liable to the probability of having this disease imported and planted in our midst.

The character of those elements which have largely served to make up the immigrant stream that flows across our borders renders this the more likely to occur. Often the poorest and lowest elements of a foreign population are those which seek to better their condition by making new homes in our land, and such are likely to bring with them not only the unclean goods and chattels of their former homes and the unsanitary habits to which they have been accustomed, but, in addition, to have amongst them the seeds of various diseases.

The malady under consideration is, without doubt, one of those diseases which has been thus imported. The occasional recognition of one or more cases of leprosy in different localities and the well-known existence of a limited number of cases in certain States, notably Minnesota, California and Louisiana, have of late directed the attention of various individuals and organizations, interested in the preservation and promotion of the health of the people, to this subject, and the sensational daily newspaper has created in the mind of the public an exaggerated apprehension of the extent and degree of danger involved in this connection.

At the fifth annual convention of State Boards of Health, held in 1888 at Cincinnati, the question was propounded by Dr. Lee, secretary of the Board of Health of Pennsylvania, as to "what should be the attitude of State Boards of Health towards leprosy," and the suggestion of this problem was followed up by the distinguished gentleman with a forcible exposition of his views, both as to the dangers from the disease and the methods of guarding against its further extension.

The result of the discussion which ensued was the appointment of a special committee, with Dr. Lee as chairman, and Dr. Bryce, of the Province of Ontario, and Dr. Knut Hoegh, a Norwegian physician of distinction who was engaged in studying the history and status of leprosy in Minnesota in connection with its importation into that State through Norwegian immigrants. To this committee was referred the paper read by Dr. Lee, and the committee was directed to report at a future year.

At the sixth annual meeting of the State Boards of Health, held at Nashville last year, this committee made two reports: the first by Dr. Lee, chairman, and signed by Dr. Bryce, and a minority report from Dr. Hoegh.

As these reports are neither of them of any great length, and as they not only give a very concise resume of the present status of this disease so far as known, both as regards locality and number, and as they likewise express the views on this interesting subject of men to whom we must accord the right to speak with authority, I cannot do better than ask your permission to read them, or portions of them, to you:

#### REPORT OF THE COMMITTEE ON LEPROSY.

BENJAMIN LEE, A. M., M. D., Ph. D., *Secretary of the State Board of Health of the Commonwealth of Pennsylvania.*  
*Chairman.*

GENTLEMEN: The undersigned, appointed a committee at the last meeting of the National Conference of State Boards of Health to consider the subject of leprosy in its relation to the United States, beg leave respectfully to report: That since the date of their appointment, the investigations of competent observers in India, the Hawaiian Islands and the West Indies, have been carefully studied, and the chairman has visited the Island of Cuba in order to satisfy himself as to the actually existent conditions in that nearest focus of infection to this country. The principal works consulted have been those of Arch-Deacon Wright, entitled "Leprosy and its Story, Segregation its Remedy;" of Wellesley C. Bailey, Esq., B. C. S., entitled "A Glimpse at the Indian Mission Field and Leper Asylums;" of Arch-Deacon Wright, entitled "Leprosy an Imperial Danger;" of Mr. Edward Clifford, entitled "A Visit to Father Damien,"

and of Dr. W. Munro, of Manchester, late Medical Officer at St. Kitts, West Indies, entitled "Leprosy." The committee desire to express their especial obligations to Mr. Wellesley C. Bailey, Secretary to the Mission to Lepers in India, for his kindness in furnishing them the latest and most reliable information from English sources. The moot point at the bottom of the investigation is, of course, the contagiousness of the disease, and the committee would here put on record their profound conviction, if ever a learned society committed a blunder which was near akin to a crime, it was the Royal College of Physicians of England, when, in order to gratify the vanity of a few doctrinaries and glorify the great British doctrine of free trade in disease, as well as in all other commodities, it adopted the report of the committee which declared leprosy non-contagious, and thus stamped with the seal of its immense authority the most damnable medical heresy of modern times. The complete apathy which followed the promulgation of this declaration in all parts of her Majesty's Dominions with regard to the segregation of the disease was as astonishing in fact as it was mournful in its results. All precautions were thrown to the winds. Barriers between the clean and unclean were broken down.

\* \* \* \* \*

Before considering the subject in its intimate relation to this country, let us glance for a moment at the present distribution of the disease throughout the world. In Europe, we find it, as already said, in Norway, to an extent which has compelled the Government to exercise the most careful measures for the segregation of its victims. In Sweden, a few cases are known to exist. In Iceland, there are about one hundred cases. In Russia, it is making its way steadily along the shores of the Baltic, in Estonia, Livonia, Gourland, Finland, Cherson, the Crimea, and among the Cos-sacks of the Ural, being prevalent in the Caucasus, the Delta of the Volga and Astrakan. A few lepers are found in Austria. They abound in Constantinople and are found in Macedonia, Thessaly, Crete, and other parts of the Sultan's dominions. The disease is decidedly on the increase in Greece and the Archipelago. A few lepers are found in Malta; in Italy there are a few cases in every public hospital and not less than a hundred in the Island of Sicily. In Spain they are scattered over all the Southern Provinces, Catalonia, Valencia, Andalusia and others, making it nec-

essary to establish leper hospitals at Granada and Malaga. The mountainous district of Lafões, in Portugal, contains a large number and there is a leper house at Lisbon. In France it has its fixed home in the Rhone district, along the shores of the Mediterranean, and at Nice, and fresh cases are constantly occurring in families previously unaffected. Traveling eastward, we find it in Asia, as follows: Lepers swarm in Arabia, Syria and Palestine. Jerusalem has a leper hospital. It is very common in Persia. In Asia Minor its presence is evidenced by the fact of a leper hospital at Scutari. We have already alluded to its immense prevalence and fearfully rapid spread in British India, under the fostering care of the Royal College of Physicians. In Indo-China we meet it extensively in Burmah, Siam and Malacca, and not less so in the French Colonies. In China proper the lepers are almost innumerable. Leper-houses are as common as they were in England four hundred years ago, and that is saying much. In the City of Canton alone, there are between three thousand and four thousand cases. They are numerous in Japan, the Indian Islands, Kamtschatka and the Aleutian Islands. Proceeding now to the great dark continent, on which our illustrious compatriot has been recently throwing a ray of light, we find many in Egypt, Abyssinia, Darfur and Senegambia, and on the coast further south many, with an alarming tendency to increase at the Cape of Good Hope; some on the west coast, and in the Islands of Madeira, the Azores, St. Helena, Madagascar and Mauritius. In the Pacific, we find it in the Sunda and Philippine Islands, and the fearful story of its introduction and rapid spread in the Sandwich Islands, until every fifteenth of the population is a leper, is familiar to us all. Chinese and Indian immigration has introduced it into Australia. Still continuing across the Pacific, we find it firmly established in California, whose representatives in this conference gave us timely warning at the last meeting. Lepers are numerous in Mexico, Central America, Ecuador, Venezuela, Uruguay. They are numerous in French and British Guiana. Leprosy is rife in many provinces of Brazil, hospitals being found in five different cities. The Antilles are full of it. Jamaica contains from seven hundred to eight hundred lepers. In Barbadoes, the population has increased six per cent. while lepers have increased twenty-five per cent. In the North American

Continent we already find cases of the disease in Greenland, in New Brunswick, in British Columbia; and in the United States—in Minnesota, Wisconsin, Michigan, Oregon, South Carolina, Louisiana, Texas and Florida, and, as before noted, in California. We are warranted, therefore, in the assertion that leprosy is cosmopolitan. \* \* \* We have, as has been shown, leprosy to north of us, leprosy to south of us, leprosy to east of us, leprosy to west of us. We have even a few centres of infection within our borders. These, however, are as yet insignificant. If proper precautions are taken, they will cease to exist in the course of a generation. In view of the situation, what is the part of wisdom? Two courses are open to us. First, the do-nothing policy which has prevailed until nearly the present time. The result of this will be that in fifty years, there will be lepers in every hamlet and leper-houses crowded with their mutilated victims in every city. Second, the policy of absolute and implacable segregation in the case of those who are already fairly domiciled in the country, the prohibition of marriage to all lepers, and the prohibition to all uninfected persons of inhabiting infected houses; and with regard to foreign lepers, the policy of absolute and implacable exclusion. \* \*

#### REPORT OF THE MINORITY OF THE COMMITTEE ON LEPROSY.

BY DR. KNUT HOEGH.

The undersigned member of the Committee on Leprosy, is unable to subscribe to the report formulated by the chairman and the rest of the committee, with the recommendations for the prevention of the spread of the disease, and takes the liberty of submitting the following minority report:

While it is admitted that leprosy is a contagious disease, it is held by the undersigned that the danger of contagion is very much exaggerated in the majority report; and that we shall in all probability be able to exterminate the disease in the United States, without having recourse to measures which are unnecessarily severe, and which disregard the ordinary rights of the diseased individuals. To deprive an individual who has committed no crime, of his property, to shut him up in an asylum for life, to prevent him from forming a legal marriage and even to extend this draconic

law to his relatives, who have not shown any sign of disease, as the majority of the committee proposes, seems to be the height of cruelty and injustice. \* \* \* \*

If the disease were as easily communicated as small-pox or measles, there might be some excuse for absolute isolation; but there are facts enough to prove that it does not spread from the diseased to the healthy, except under circumstances of close personal intimacy. In relation to this side of the question, it must be permitted to call attention to the fact that by far the majority of leprous married persons fail to give the disease to their spouses, and that only a minority of the children in leprous families become lepers. This fact can be easily ascertained by anybody who will peruse the official reports from the surgeon-in-chief for the leprous disease to the Government of Norway.

It appears, furthermore, from these reports that lepers who for half a century have occupied hospital wards in common with other patients in Norway, both in Lungegaards Hospital in Bergen, and in Rigs Hospital in Christiania, never have communicated the disease to any of the other hospital patients; nor during this long period in which from one to four leper asylums have been in activity in Norway, has any attendant, washerwoman, nurse, or physician taken the disease from any of the patients.

It seems that facts like these prove that the disease can be controlled without increasing its victims. And it is known that it has happened within the last ten years that articles of bedding and clothing that had belonged to deceased lepers had been distributed to the poor.

These facts probably prove that the compulsory, absolute and permanent segregation made by the Government of Norway, and to which the rapid diminution of the disease is attributed, in the majority report, is very materially different from the measures proposed by the majority of the committee. \* \* \* \* \*

By examining the geographical extension and the history of the advance and the disappearance of the disease, one fact must attract the attention, and that is, that it is most prevalent in the less civilized countries, and in such localities where a very poor population lives in squalor and filth. It has, from the early dawn of history, been prevalent in India and China, and in those countries it exists yet as much as formerly. It was once extremely common in

Europe, but now it has disappeared from most of the European countries, and it has disappeared first in the centers of civilization, lingering along in the remote regions. For instance, in France it existed in Avergne, Bretagne and in the mountains of the south, in the beginning of this century, while it had disappeared from the rest of the country. In Norway it is exclusively a disease of the lower orders, never attacking the better situated classes.

In regard to the history of leprosy in the Northwestern States, the writer of the report will say that he is tolerably well familiar with it. Through circulars sent to ministers, merchants, physicians and other prominent men among the Scandinavians, nearly every case that has been known and recognized was investigated. Since the beginning of the Scandinavian emigration probably less than two hundred lepers have come to this country—less than twenty live to-day—spread through the Northwestern States. Not one of the now living known lepers was born in the United States. The children and grandchildren of deceased lepers, of whom many now live amongst us, have remained free from the disease, which has never appeared in any of them. No instance is recorded or known where any native of this country has been contaminated by any of these immigrants. In view of these facts it does not seem permissible to indulge in the alarming view of the majority of the committee, who believe that if we do nothing "in fifty years there will be lepers in every hamlet, and the leper houses, crowded with their mutilated victims, in every city." In the present state of civilization in the northern part of the United States, it seems as if the disease does not find those special conditions which it requires for its extension, and with the most ordinary care it ought to be possible to stamp it out, not only in the solitary instances where it is found in the Northwest, but also in California and the South.

In accordance with the views above given, the following practical recommendations are respectfully submitted:

1st. Leprosy immigrants should not be allowed to become domiciled in the United States, but be sent back to their respective countries. With the closure of our ports to the immigration of the Chinese, the danger of the importation of the disease from China has ceased. As the Norwegian Government has very accurate information

about its lepers, it will be an easy matter to guard against the introduction of leprosy from Norway, as the Norwegian Government probably will give its willing co-operation. As long as there are reported no cases of leprosy imported from the West Indies, it does not seem necessary to organize any board for the personal inspection of these immigrants we may receive from those countries.

2d. The lepers that we have the misfortune to have among us should be under the control of the sanitary authorities to this extent, that no leper should be allowed to sleep in the same room, far less in the same bed, with a healthy person. He should have his separate clothes, towels, bedding, dishes and other eating utensils. He should not be allowed to enter public halls, churches, theatres, schools, and similar places where people congregate promiscuously. Nor should he be allowed to use public beds in hotels, sleeping cars or steamers. He should not be allowed to travel from home his except under permits from the sanitary authorities. It should be the duty of every physician who becomes aware of the existence of a case of leprosy, to report it immediately to the proper sanitary authorities. The families of lepers, or others who have been in contact with them, should be examined once every year by a competent physician, under the orders of the sanitary authorities, with a view of the early detection of new cases.

\* \* \* \* \*

Dr. Bryce, the third member of this committee, was rather disposed to coincide with Dr. Hoegh, but thought it best, if erring at all, to be on the safe side, and, consequently, had signed the report made by Dr. Lee.

I would refer those who have a desire to read the full text of these interesting and valuable reports, and the discussions relating to them, to the fifth and sixth annual reports of proceedings of the National Conference of State Boards of Health. These reports, and the discussion of them in a body so representative and able as that to which they were made, place before us the present status of leprosy, so far as we have authentic data upon which to rely, and likewise serve to illustrate some of the difficulties which oppose any efforts on the part of State boards of health in dealing with the question originally proposed by Dr. Lee.

Some months ago our own State was most unexpectedly and suddenly given unenviable notoriety in connection with this matter of leprosy. I can not better present the points of interest and importance relative to this, than by reading certain portions of the report of the State Health Officer of Florida, recently made, in reference to this matter:

"Places and individuals suffer alike from the flings of their neighbors, as they advance in prosperity in the mercantile and commercial world. Florida has been no exception to this rule. Rival companies or individuals, jealous of the general prosperity of the State, have tried various ways, through reflections upon its health, its coast protection system and its cigar industry, to effect that which legitimate competition in trade has failed to accomplish.

"Through malice, and with the evident desire to injure the cigar industry in Florida, some evil minded individuals circulated rumors through the Northern press of leprous workmen being employed in the cigar manufactoryes of this State.

"The case of the young student, a leper, who was forcibly taken from his home in New York City to North Brothers Island Hospital, stimulated the sensational reporter and correspondent to increased efforts in this field, and a press dispatch, at Washington, about this time, asserting the existence of cases of leprosy in Key West, gave an opportunity to the New York papers to work up additional sensational articles of employment of lepers in the cigar factories in Tampa and Key West.

"These libelous and false statements regarding a prominent industry of the State threatened, if not to injure permanently, at least to seriously embarrass temporarily the sale of cigars from these places. The State Health Officer of Texas thereupon placed an embargo upon freight and passengers from Key West, and forbid the Mallory Line of steamers en route from New York to Galveston having communication with the city. Quite an excitement over his prohibition, which was considered in the light of an outrage, prevailed at the time of my arrival in Key West. immediately communicated by wire and mail with Dr. Rutherford, stating the groundlessness of his fears, with the happy result of liberating the restrictions on the tobacco freight.

"The city commissioners of the Key West municipality ordered an investigation, through the City Health Officer, of these rumors, but beyond a meeting of a few of the medical men of the city, and a general discussion, nothing was accomplished. At that meeting it was proposed to personally visit the manufactories and inspect the workmen therein; also to visit and report upon any individuals thought to be suspicious as to leprosy. A committee was appointed for the purpose, but nothing further was done, as the pay demanded by the committee for performing the service was refused by the city commissioners, neither were the manufacturers willing to contribute to the expense of any investigation.

"In 1888, one Burger, claiming to be an expert in leprosy suddenly appeared in Key West, and reported to the Secretary of the County Board of Health that he had found upwards of one hundred cases. An investigation failed to sustain the truth of his statement, and his meddlesome and impudent intrusion into private families provoked for him a horse-whipping which hastened his departure for Tampa, where, pursuing the same policy, he fell into similar trouble.

"Although the State Board of Health of Florida has at no time been officially notified of the existence of leprosy in Key West, yet I do not deny, nor have I any authority for doing so, that cases, isolated in character, have not heretofore prevailed in the place; indeed, it would be strange had not isolated cases occurred, in view of the, until very recently, unrestricted and uninspected communication between Key West and Havana and Nassau. Physicians of reliability have told me that leprosy has been treated in Key West by them. They never knew, however, of many cases; certainly not more than six or eight at one time, and of late years through death the number has been decreasing. These unfortunates were kept off the public streets, and in no instance was the disease communicated to any other member of the family.

"I believe the charge of employment of lepers in cigar factories to be without confirmation, as the peculiar deformity in leprosy and particularly in the fingers and hands, would positively prevent manipulation of tobacco with that dexterity and mechanical skill so necessary in the manufacture of cigars; besides this, and an argument of equal

potency, the other employees would not tolerate the presence of a leper among them. They, with the entire community of Key West, have a deadly fear of this disease."

\* \* \* \* \*

I have endeavored thus in a brief manner to lay before you the most important and significant facts, in connection with the history and present status of leprosy ; and, more particularly, as regards its relations in these respects to our own country.

The attention and interest of sanitarians and health boards have been aroused and the question of what steps to take with a view to arresting and controlling the further extension of this dreadful malady is being earnestly considered and discussed.

The exact manner and method by which leprosy is conveyed from one victim to another seems undetermined ; probably both inheritance and contagion are the means of propagation. The point of difference between authorities on this subject seems to be in regard to the degree and conditions of its contagiousness ; and this has a practical bearing upon the enactment of such laws as may be necessary for protection against the spread of the disease.

While, judging from such facts as have already been obtained, there does not appear to be any decided tendency for leprosy to engraft and extend itself in those sections or localities of our own country in which one or more cases have been imported, nevertheless we cannot ignore the dangers which may threaten us in the future from this cause, and our public health authorities would be criminally derelict in their duty did they fail to appreciate these conditions and endeavor to solve the problem as to what can and shall be done to prevent the increase or extension in our midst of this foul pest; and to endeavor, ere it is too late, to keep the dreadful disease from taking permanent foothold amongst us.

Surgeon-General Hamilton is greatly to be commended for taking the initiative in this direction, by issuing a general order, endorsed by the Secretary of the Treasury and approved by the President, requiring an inspection of all vessels coming from foreign ports and arriving at any port of the United States; and, if any case of leprosy shall be found among the passengers or crew thereon, directing

that such infected individuals be returned to the port whence they came.

Dr. Hamilton's position as a Supervising Surgeon-General of the U. S. Marine Hospital Department, enables him to institute a protective measure in this direction which will render it improbable that any developed cases of leprosy can get into the country through vessels from foreign ports. No provision has been made, however, for protection as regards intercourse between the United States and her neighbors on the North and South, Canada and Mexico. Besides, with the length of time, years even, during which the seeds of the disease may either remain undeveloped or present only slight evidences of its presence in an individual, it would be altogether unlikely that a medical officer who had not been familiarized with the diagnostic features of leprosy could be able to detect such a case when presented to him.

The question as to the degree and extent of segregation that should be instituted, as regards the cases of leprosy already in the country, whether imported or originating here, is one which requires our careful consideration, both from a sanitary and humanitarian standpoint. We have an authority, sanctioned by successive ages of experience, that a leper is dangerous to his fellow man by reason of the plague which he carries about with him. Whether the liability to contract this disease is limited to the necessity of immediate and special contact of abraded points on the mucous surfaces, or whether infection may result from ordinary relations of life between individuals who are brought near each other, I do not know, and consequently cannot pretend to express an opinion. But that leprosy is conveyed from individual to individual in some manner, appears established beyond all question; and that such laws should be enacted as will authorize the health authorities to deal with this question in a manner that shall best guard the clean from the unclean, and yet with humane consideration for the latter, would appear right beyond controversy. When the general Government has instituted such regulations as are necessary and practicable for guarding the national boundaries against the ingress of any additional cases of leprosy, it has reached probably the limit of its ability to aid us in this matter.

What steps to take in regard to those cases already ex-

isting or which may hereafter develop within the borders of the several States, is a responsibility which rests with each State to decide for herself, as there does not appear to be any constitutional power authorizing the national authorities to interfere without consent of the States themselves.

Louisiana already has a leper hospital, and there can be no doubt of the existence of a sufficient number of cases of this loathsome malady in several other States to indicate the advisability of a similar provision for the segregation and care of these unfortunates; indeed, it appears to me that the known residence of a single case of leprosy within the borders of a State, should be sufficient ground for providing suitable hospital accommodations for the isolation and care of such an individual.

I think that all known cases of the disease should be segregated and humanely cared for by the State, and at the expense of this latter. There certainly can be no doubt of the right possessed by the legally constituted health authorities to take such action regarding the disposition of cases of leprosy as is done with other diseases of a contagious nature when public health and welfare are placed in jeopardy; indeed, our duty to do this is emphasized as specially incumbent in this connection, a twofold duty: first, to prevent the propagation of a disease as insidious and mysterious in its approach as it is cruelly unrelenting in the clutch of its foul embrace, only relaxing when death comes to relieve, and second, to make proper provision for the care of those who, through no fault of theirs, have become outcasts from society, branded with loathsomeness and doomed to a lingering death, often, doubtless, exaggerated in its horrors by neglect and want. If I were a leper, it appears to me that I should seek such a place of refuge as a haven of rest; but if I did not take this course from inclination and of my own free will, I believe that there should be an authority existing and exercised to compel me to do so. One of the chief difficulties, doubtless, in pursuing this policy would be the concealment of cases from the knowledge of the health authorities and an active antagonism on the part of such cases, or of those most nearly interested in them.

The extract just read by me from Dr. Porter's report of his effort to investigate in this direction down at Key West

last year, and to ascertain the amount of leprosy on that island, illustrates this point. However, I have no doubt that the few cases said to exist there can be located, if such is the fact.

We have no knowledge of the existence of this disease in Florida elsewhere than at Key West, and doubtless we must thank Havana for this contribution to our stock; as the conclusion is as natural as the evidence makes it probable that if there are a few cases of leprosy at Key West, they owe their origin to that nursery of infection located so near here, and it is from this source that we must apprehend danger and guard against further importations of such an undesirable character.

The restless and thriftless tendency pervading a large majority of the Cuban population which comes to Florida and the facility of inter-communication between Tampa, Key West and Havana render the risk of having cases slip in through this channel not inconsiderable. Of course, the order lately issued by Surgeon-General Hamilton will give comparative, but not absolute protection. There are many irregular channels which I fear cannot be thus supervised.

As before stated, I have no knowledge of any cases of leprosy in Florida except those mentioned by Dr. Porter as being in Key West; but one or more isolated cases may possibly exist elsewhere. Should any of you be informed of such it will be a matter of interest to me personally and of value to me as one of the State health officials to be informed of it.

In conclusion I must disclaim the intention of attempting to place before you anything besides the garnerings of others; to apologize to those of you who are already familiar with the subject matter presented; and to ask that my paper be permitted to accomplish one of the purposes intended in its preparation, that of drawing out the experience and views of other members on this subject.

## ANNUAL REPORT.

BOARD OF MEDICAL EXAMINERS FOURTH JUDICIAL DISTRICT,  
STATE OF FLORIDA.

|                                                                                       |    |
|---------------------------------------------------------------------------------------|----|
| Number of certificates issued from December 12, 1890, to<br>January 7, 1891 . . . . . | 74 |
| Number of examinations held . . . . .                                                 | 5  |
| Number of certificates issued upon examinations . . . . .                             | 4  |
| Number of applicants rejected upon examination . . . . .                              | 1  |
| Number of applicants for certificates rejected . . . . .                              | 4  |
| Total number of applications for certificates received . . . . .                      | 78 |

Of the number of applicants for certificates who were rejected by the board, one failed to pass a satisfactory examination; one did not hold a diploma or other license as required by the law prior to the passage of the present act regulating the practice of medicine; one was referred to the Board of Homeopathic Examiners; one held diploma from a bogus school, *i. e.*, Vermont Medical College, Rutland, Vermont.

|                                               |    |
|-----------------------------------------------|----|
| Certificates issued in Duval County . . . . . | 45 |
| "    "    " Nassau " . . . . .                | 8  |
| "    "    " Baker " . . . . .                 | 2  |
| "    "    " Clay " . . . . .                  | 3  |
| "    "    " St. Johns " . . . . .             | 9  |
| "    "    " Bradford " . . . . .              | 6  |
| "    "    " Putnam " . . . . .                | 1  |
| <hr/>                                         |    |
|                                               | 74 |

Diplomas from the following schools of medicine were presented:

|                                                         |   |
|---------------------------------------------------------|---|
| Cincinnati College of Medicine and Surgery . . . . .    | 2 |
| Chicago Medical College . . . . .                       | 1 |
| Columbia College, Medical Department . . . . .          | 3 |
| College of Physicians and Surgeons, Baltimore . . . . . | 3 |
| "    "    " . . . . .                                   | 4 |
|                                                         | 1 |

|                                                             |          |
|-------------------------------------------------------------|----------|
| Long Island Medical College . . . . .                       | <b>2</b> |
| McGill University, Montreal, Canada . . . . .               | <b>1</b> |
| Miami Medical College, Cincinnati, O. . . . .               | <b>1</b> |
| Medical College of Alabama . . . . .                        | <b>1</b> |
| Medical College of Indiana . . . . .                        | <b>1</b> |
| Medical College of State of South Carolina . . . . .        | <b>5</b> |
| Medical Department, Harvard University . . . . .            | <b>1</b> |
| Medical College of Virginia . . . . .                       | <b>1</b> |
| Medical College of Savannah, Ga . . . . .                   | <b>4</b> |
| Royal College of Surgeons, Ireland and Scotland . . . . .   | <b>1</b> |
| Rector Medical College, St. Louis, Mo. . . . .              | <b>1</b> |
| Jefferson Medical College, Philadelphia . . . . .           | <b>3</b> |
| University of Pennsylvania . . . . .                        | <b>4</b> |
| University of Maryland, Baltimore . . . . .                 | <b>8</b> |
| University of City of New York . . . . .                    | <b>4</b> |
| University of Havana, Cuba . . . . .                        | <b>2</b> |
| University of Varsovia, Poland . . . . .                    | <b>1</b> |
| University of Virginia . . . . .                            | <b>1</b> |
| University of Louisiana . . . . .                           | <b>1</b> |
| University of Florida . . . . .                             | <b>1</b> |
| University of Michigan . . . . .                            | <b>1</b> |
| Western Reserve College, Chicago . . . . .                  | <b>1</b> |
| Womens Medical College, Philadelphia . . . . .              | <b>3</b> |
| Woort University, Medical Department, Cleveland, O. . . . . | <b>1</b> |
| Florida Medical Examining Board . . . . .                   | <b>2</b> |
| Alabama Medical Examining Board . . . . .                   | <b>1</b> |

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Examinations by the Board were required to be written, and applicants were to receive eighty out of a possible hundred to pass.

Respectfully submitted,

J. L. HORSEY, *Secretary.*

*Fernandina, Fla., April 10, 1891.*

M. M. A.  
2/2/93.



## « PROCEEDINGS »

—OF THE—

# Florida Medical Association.

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## « SESSION OF 1892. »



THE DA COSTA PRINTING HOUSE, JACKSONVILLE, FLA.



# PROCEEDINGS

OF THE

# Florida Medical Association

SEASON OF 1892.

JACKSONVILLE, FLA.

DACOSTA PRINTING AND PUBLISHING HOUSE.

1892.

THE delegates and members of the Florida Medical Association arrived at Key West about 6 p. m., Tuesday, April 5th, and were met at the steamship by the Local Committee of Arrangements and warmly welcomed to their Island Home. They took the members in carriages for a drive over the island and then left the ladies of the party at Dr. Porter's residence, where a reception was held in their honor; while the gentlemen were taken to a hotel and treated to a sumptuous dinner, the honors of which were presided over by Dr. R. D. Murray. After the conclusion of this repast they repaired to the United States Court Room, where a large concourse of citizens had assembled to extend them a welcome. The "Vacant Chair" of their deceased President, Dr. Thomas P. Gary, was draped in mourning, and a beautiful wreath of flowers—true emblem of his cheery and genial spirit—was placed upon it. It was a sad reminder of his death, but a fitting tribute to him who had so recently been among us.

## FLORIDA MEDICAL ASSOCIATION.

KEY WEST, FLA., April 5, 1892.

The Florida Medical Association met in the city of Key West at 8 p. m., Tuesday evening, April 5, 1892, Dr. J. Harris Pierpont, First Vice-President, in the chair.

The meeting was called to order by Dr. J. Y. Porter, chairman of the Committee on Arrangements, who spoke as follows:

**MR. PRESIDENT, LADIES AND GENTLEMEN:** The grateful duty was delegated to me at the last meeting of the Florida Medical Association to act as chairman of the Committee of Arrangements for this annual meeting at Key West. It was my hope that sufficient time would be allowed for the Association to spend several days in our city. I had trusted that the transportation arrangements would be such that the Association could have remained over at least two days, and the Local Committee thought that their hopes would be realized this year when the fourth steamer per week was put on from Key West to Havana. It would thus have given the Association time to transact its business here and then have taken the excursion to Havana, which they proposed doing. But the fourth steamer has been taken off, and it becomes necessary, if the Association purposes to go to Havana, to leave to-night, or to wait over until Friday, and it has been decided that it will be better to leave to-night in order that the physicians may get back to their duties within the time first proposed. I now have the pleasure of introducing to you Dr. J. R. Perry, Mayor of the city of Key West.

### MAYOR'S ADDRESS OF WELCOME.

**MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION:** It is indeed a pleasant duty, as Mayor of Key West, to extend to you a most cordial welcome to the homes and hospitality of our people. Isolated and difficult of access as we are, we appreciate the decided compliment you

pay us in denominating this city as the point at which to hold your annual meeting, coming as you do from various and far divergent portions of our commonwealth and making this a common converging center from which new ideas, possibly new theories, may be evolved. Whilst necessarily unacquainted with much in medical science, we are content to hope that we, too, will share in the happy results to flow from your deliberations here, however short. The science of human nature is so intimately blended with the natural sciences that it is difficult to conceive of its separation from any of the conditions and surroundings by which in life we are materially affected. Hence, your task as conscientious physicians, though arduous and self-abnegating, is God-like in its possibilities. Art is long and life is short, and he who labors hardest and trims closest the midnight taper, will find at the end of a life, however long, that there are still mines of truth and learning yet unfathomed by him and springs from which will issue blessed streams long after he has gone over the river. Let me congratulate you, gentlemen, upon your professional associates in Key West. Welcome, thrice welcome, to our island home, and may your stay among us be both pleasant and profitable.

In response, President Pierpont said :

LADIES AND GENTLEMEN: We thank you most heartily for this cordial welcome to your island home, and in the same breath we regret that our stay will necessarily be so short. That our time is so limited here is the universal regret of the Association. I can only say we thank you most heartily for the attentions already received, particularly the opportunity given us this afternoon of seeing the island, and we shall return to our homes feeling that this has been among the most pleasant portions of our trip. We thank you most heartily.

Upon motion of Dr. Porter, the regular order of business was dispensed with and the address of the President made next in order. The President accordingly delivered his address, which was listened to with much interest; and at its close referred, by motion, to a special com-

mittee composed of Drs. Daniel, Oglesby and Horsey. (See Appendix).

Dr. Porter then moved that the oration prepared for the occasion by Dr. DeWitt Webb, of St. Augustine, be read by some one appointed by the chair, as Dr. Webb was not present. The chair named Dr. Fernandez to deliver the oration, which was received with marked attention and heartily applauded. On motion of Dr. Lancaster it was placed in the hands of the Committee on Publication. (See Appendix.)

On motion, the President named Drs. Sweeting, Rush and White a Committee on Credentials, and a recess of ten minutes was taken to allow them time to prepare a report.

Upon being called to order again, the President named Drs. Harris, Daniel and Oglesby a Committee on Necrology, with instructions to report to-morrow.

The roll was then called, and the following members responded to their names:

|                       |               |
|-----------------------|---------------|
| Dr. R. P. Daniel,     | Jacksonville. |
| " H. K. DuBois,       | Port Orange.  |
| " J. L. Horsey,       | Fernandina.   |
| " J. W. Jackson, Jr., | Bronson.      |
| " R. A. Lancaster,    | Gainesville.  |
| " R. D. Murray,       | Key West.     |
| " J. B. Maloney,      | Key West.     |
| " J. D. McRae,        | Sanford.      |
| " C. R. Oglesby,      | Pensacola.    |
| " J. Y. Porter,       | Key West.     |
| " J. M. Perry,        | Lakeland.     |
| " J. H. Pierpont,     | Pensacola.    |
| " J. D. Rush,         | Apalachicola. |
| " S. Stringer,        | Brooksville.  |
| " C. B. Sweeting,     | Key West.     |
| " O. E. Worcester,    | Conant.       |
| " R. C. White,        | Pensacola.    |
| " J. D. Fernandez,    | Jacksonville. |

Dr. Lancaster expressed the regrets of his confreres in Gainesville for their enforced absence, and communications were read from Drs. Allen, Caldwell, Gibbens and Williams expressing regrets.

Upon motion, the reading of the minutes of the last annual meeting was dispensed with, inasmuch as they had been published.

A communication from Dr. N. A. Williams brought the matter of reduction of annual dues before the Association, and Dr. Daniel stated that he had endeavored last year to effect this, but that his motion to so alter the constitution had been defeated. He gave notice of bringing the matter up at to-morrow's session.

The Secretary read his report of the transactions of his office during the past year. Upon Dr. Lancaster's motion, the same was referred to the Publication Committee and a vote of thanks extended to the Secretary for the efficiency of his labors in the interests of the Association. (Report published in Appendix.)

The Treasurer's report was next read, showing a balance on hand of \$751.48. The Treasurer stated how onerous was the duty imposed on him in the collection of the yearly dues, and urged the members to lend their assistance in this burden by prompt compliance with his first request for remittance.

The Treasurer's report was received and referred to the Committee on Accounts. (See Appendix.)

The Secretary presented a letter from Dr. William Crawford Gorgas, of Fort Barancas, Fla., tendering his resignation on account of removal from the State. His resignation was accepted.

Dr. Murray announced that he held a paper from Dr. M. G. Echeverria, who, while not a member of the Association, desired to become one. He stated that the paper was quite original and might prove interesting reading.

The paper was turned over to the Secretary for further consideration.

Dr. Murray also introduced the following resolutions:

*Resolved*, That the President and Secretary certify a complete list of members whose dues are paid in full and to date, and forward same to the Treasurer of the American Medical Association, to enable members of this Association to become members by invitation of the American Medical Association.

*Resolved*, That the printing of a pamphlet of transactions be omitted for the current year, and that the President, Secretary and Treasurer be directed to subscribe to The Virginia Medical Monthly from April, 1892, on behalf of each member whose dues are paid in full for the current year: *Provided*, That present paid-up subscribers shall receive a rebate from the publisher to the amount of actual advance payment.

*Resolved*, That all papers accepted by the Publication Committee be first presented to The Virginia Medical Monthly, and that members be requested to give their casual articles to the same journal.

On motion of Dr. Daniel, these resolutions were laid over until to-morrow.

On motion of Dr. Lancaster, the Association then adjourned to meet in Havana, Cuba, to-morrow, April 6th, at 12 o'clock noon.

#### MORNING SESSION—SECOND DAY.

HAVANA, CUBA, April 6, 1892.

The Association was called to order by President Pierpont at 12 o'clock, pursuant to adjournment of yesterday.

The resolutions of Dr. Murray, introduced at yesterday's session and laid over for action to-day, were taken up, and Dr. Porter moved the adoption of the one in reference to the Association furnishing a certified list of members to the American Medical Association. Dr. Lancaster offered the following amendment: "*Resolved*,

That a roster of our members be published each year in our proceedings, and that a copy be sent to the Secretary of the American Medical Association," which was carried.

The resolution in regard to the printing of the minutes in The Virginia Medical Monthly was, on motion of Dr. White, laid on the table.

The Committee on Credentials presented a verbal report of their deliberations, which, being deemed incomplete, was recommitted, with instructions to report at the afternoon session.

Dr. C. R. Oglesby, as secretary of the Committee on Necrology, read the report prepared. (See Appendix.)

Their report was adopted and referred to the Committee on Publication.

The chair called up reports of standing committees, and Dr. R. P. Daniel, chairman of Committee on Publication, made the following report:

The Publication Committee respectfully reports that after carefully revising the material placed in its hands, an edition of 500 copies of the Proceedings of the Association for the year 1891 was gotten out at a cost of \$78.20 and delivered to the Secretary for distribution. In reference to the action taken by the Association in regard to the report of Special Committee on Nomenclature at last session, adopting said report and authorizing the Committee on Publication to print 1,000 (or more) copies of "The Nomenclature of Diseases" in use by the United States Marine Hospital Department, the committee, after duly considering the matter, has hesitated to take the action indicated, and desires further instructions before doing so. Whilst the system of nomenclature, as thus arranged, appears to be most complete and altogether desirable to be in the hands of every physician in the State, the committee, nevertheless, recognized that the cost of publishing a thousand copies of such a volume as this of more than 200 pages, and embracing a mass of material requiring the most careful supervision

over the printer's work, was not appreciated or contemplated by the Association. The committee would respectfully suggest that a less elaborate and more condensed form of the same system could probably be published at a cost which would be reasonable and at the same time better serve the purpose for which this action on the part of our Association is intended.

R. P. DANIEL,  
F. D. MILLER,  
P. J. STOLLENWERCK,  
*Committee.*

The reference made by this committee to the publication of a system of nomenclature of diseases provoked a lengthy discussion. It was finally agreed that the report rendered at the last annual meeting covered the case, and the recommendations of the Publication Committee were received and the committee discharged.

Dr. Pierpont, as chairman of the Committee on Ethics, reported that nothing had demanded their attention during the past year. Dr. Fernandez, as secretary, read a report submitted by Dr. Warren E. Anderson, of Pensacola, in reference to the existence of leprosy in Florida, as follows:

PENSACOLA, FLA., April 3, 1892.

*Mr. President and Gentlemen of the Florida State Medical Association:*

At your last annual meeting, held in this city, I was instructed, as chairman of the Section of Medicine, to report upon the subject matter of the able and exhaustive paper read by Dr. R. P. Daniel before the Association and entitled "Leprosy."

By way of apologizing for the incompleteness of this report, I will say that I have not been in a position until recently for obtaining the facts in regard to the existence of this disease amongst us, which alone would render this paper of value to our Association. I am not inclined to the opinion that leprosy exists to any considerable extent in this State, nor do I believe it to be a disease of easy communicability, yet I think it would be well to

clothe the guardians of the public health with full powers to compel the isolation of any case whenever found, so as to prevent the possibility, however small, of its spreading by contact. The entrance into our State of lepers, save from domestic ports, is almost impossible under the present requirements of the Marine Hospital Service.

A death from this disease was officially reported to the State Board of Health from Pensacola last spring, and since then the existence of a case has been announced on the island of Key West. In reference to the last case, I will say that our active and efficient State Health Officer has already taken the proper steps looking to the care, maintenance and isolation of the unfortunate sufferer. In his letter of notification to the Board of Health, he says: "My advice would be to establish a hospital at Mullet Key in connection with our other hospital, to which we can send all lepers that may be found in the State." It is needless to say that these views meet my approval, as they offer the only solution to the difficulty confronting us, and I would suggest that, as the subject will come up for discussion at the next meeting of the State Board of Health, the matter be left with that body for ultimate settlement.

Very respectfully,

WARREN E. ANDERSON,  
*Chairman Section on Medicine.*

On motion, this report was received and ordered placed on the minutes.

The resolution offered yesterday to amend the Constitution so as to reduce the annual dues from \$5 to \$3, resulted in a lengthy discussion, but, on being put to the vote, was lost.

Dr. Rush, as chairman of the Committee on the Condition of the State Insane Asylum, made the following verbal report of the investigation instituted by the committee:

*Mr. President and Gentlemen:*

As chairman of the committee appointed to look into the condition of the State Insane Asylum, I desire to re-

port that the committee drew up a written report of their investigations and sent it to the Legislature, but, unfortunately, a copy was not retained, and it seems the report has been lost. I am certain a copy was sent to the Legislature, but no action was taken by that body so far as I am informed. Dr. Harris and myself constituted the committee, and we made the visit and investigated the condition of the asylum and the surroundings, and I make verbal report as we found it. In the first place, we found the asylum kept very neatly. From a sanitary standpoint it was as good as could be expected under the circumstances. We found a great lack of room for the inmates; we found that they were very much crowded. The construction of the buildings was defective. We found the cells very small and the ceilings low. One building, formerly used as a barracks a quarter of a century ago, should certainly be condemned, viewing it from a sanitary standpoint. However, even this was placed in as habitable a condition as possible. The enclosure was very small and the inmates were turned out in conglomeration; all classes and all sexes in all degrees of insanity were mixed up in that enclosure. That certainly was a great mistake. We found some few minor improvements being made, which will add a little to the comfort of the inmates, still, even when these are finished, there will be a lack of the actual comforts. The superintendent informed us that he was making every effort to work all who were able on the farm to entertain them with the limited means that he had. He seemed to be a kind, humane gentleman and disposed to show us everything and give us all the light possible. He said that it was not possible to do for the inmates that which he knew was best, either as regarded the separation of the classes of insanity, or the sexes, but that he did all he could for them. We inquired what medical treatment was given them, and he stated that very little was required. This covers the ground, gentlemen, and embodies the facts in our report to the Legislature. I neglected to state they had the whites on one side of the enclosures and the colored on the other; the races are not mixed.

The Legislative Committee reported that nothing had been referred to the Legislature during the year, and

asked to be discharged. On motion of Dr. Oglesby, the report was received and the committee discharged. Dr. DuBois moved that another committee be appointed. Dr. White moved that the president name a committee of three as a regular Committee on Legislature. This latter motion was duly adopted, and the chair appointed Drs. Oglesby, Rush and Gamble.

Reports from county medical societies were called for and Dr. Lancaster, president of the Alachua Medical Society, made the following report:

GAINESVILLE, FLA., April 3, 1892.

The Alachua County Medical Society is in a flourishing condition; holding regular monthly meetings, which are usually well attended. We have a membership of only nine, but include in that number all the most prominent practitioners in the county. Harmony and good-will prevail and there is an absence of the petty jealousies so frequently observed in small and, we regret to say, in some larger places.

Our members cherish that esteem for each other which makes them believe that in defending the reputation of one we advance the interests of all. A prominent feature of our monthly meetings is the report of cases and discussion of treatment, by which means much valuable information is diffused. Our society is a great help to ourselves, and we think is a public good.

Respectfully submitted,

R. A. LANCASTER, M. D.,  
*President Alachua County Medical Society.*

Attest:

J. H. HODGES,  
*Secretary.*

Dr. Daniel, on behalf of the Duval County Medical Society, stated:

*Mr. President:*

I am not a delegate from the Duval County Medical Society. Two delegates were appointed and I had hoped that at least one of them would be here. I had understood that at any rate a report would be handed in by

the Secretary. Our society is in a flourishing condition; our membership numbers some fifteen or twenty; meetings are held monthly and fairly well attended. The discussions are largely on the subject of cases, which I believe are of much practical value. I am sorry to make this loose verbal report in lieu of a more proper one.

Dr. C. R. Oglesby, of the Pensacola Medical Society, presented the following written report:

The Pensacola Medical Society has bi-monthly meetings, which are well attended. We have a membership of eighteen and stenographic reports, which are afterwards transcribed in typewriting, making our transactions of permanent value as a means of reference.

JAMES S. HERRON, M. D.,

*President Pensacola Medical Society.*

C. R. OGLESBY, M. D.,

*Secretary.*

Upon the conclusion of these reports, Dr. Lancaster offered the following resolution, which was adopted:

*Resolved*, That this Association recommends to members who live in counties where no County Medical Society exists that they make an effort to establish a County Medical Society.

Reports were next received from the Medical Examining Boards of the various judicial districts as follows:

Dr. C. R. Oglesby, as secretary of the Medical Examining Board of the First Judicial District, reported as follows:

At our meeting in November we examined two applicants at that time who passed satisfactory examinations. The board has had no meeting since. Our meeting for this spring has not yet taken place; it will come off towards the latter part of April. This is all the report I have to make, only I wish to say this: Since the last annual meeting, and after conferring with the other boards and learning the disposition of most of them, we have raised the standard of our requirements to 85 per cent. on our examinations. Our examinations are both oral and written. For temporary certificates, which are

sometimes issued, we depend upon oral examinations. For permanent certificates we use written examinations entirely. The other requirements are as already stated.

Dr. Turnbull, member of the Examining Board of the Second Examining District, stated that he had no report written out. "At our last meeting in Tallahassee we examined three applicants."

Dr. Lancaster—What is your standard, Dr. Turnbull? In your examinations what per cent. is required?

Dr. Turnbull—About 75 per cent.

Dr. Lancaster—I should like to ask if the boards have stopped illegal practicing within their districts? The board of the district in which I live makes no effort to prevent it. They simply hold meetings and examine those who apply for licenses and take no steps to stop illegal practicing.

Dr. Horsey—The Board of the Fourth District has stopped, so far as we know, all men practicing illegally. We have got ten, all the men who have come into the district, to come before the board for licenses, and those not possessing licenses are not allowed to practice.

Dr. Oglesby—For the information of the gentleman who makes the inquiry I would say in our district we have no illegal practitioners at present, so far as we know. The board has been instrumental in ridding the district of some parties who were not entitled to practice medicine. We thought that was what we were there for.

Dr. Fernandez—I do not think in my conversation with Dr. Lancaster that he takes the right view of the matter. He thinks that the grand jury of the county and the prosecuting attorney should be the ones to hunt up these illegal practitioners. In the Fourth District we do not expect that the grand jury or the district attorney should do our work. We thought that we were appointed under the law as solicited by the State Medical Society to examine those desiring to practice medicine and see if they were qualified; to examine them and to give them the right to practice if qualified. In the Fourth District we have prosecuted violators of this law and put them in jail, and we do not leave it to the prosecuting attorney to follow them up. In

the Fourth District Dr. Horsey, who lives at Fernandina, is the secretary, and Nassau and Bradford are his counties. If a man comes in Duval or Baker county I am after him. I tell him he can not practice, unless the provisions of the law are met. One fellow employed an attorney, paid him for his advice, and after he got through concluded not to tackle the board. I told him there was only one thing for him to do to practice in our district—to get licensed—and if he could not get a license, he could not practice. There is only one way to break up this irregular practicing and that is to get right after them. Don't leave it to the grand jury or the district attorney, because they will not attend to it.

Dr. Stringer—I think that the discussion of this subject is one of the most important touched upon at this meeting. Not as a matter of duty, but as a matter of privilege. And I think it should be decided and settled by this meeting whether or not, in the opinion of this Association, it is a matter of duty or a matter of privilege for the boards to prosecute these infractions of the law. It is a legal question, and perhaps it would be well to seek legal advice. I do not think it puts upon the Examining Board the duty of the prosecutor, but gives them that privilege. I would like to hear the opinion of the meeting on this point.

Dr. Fernandez—I don't want you or any other member to understand that I prosecute. I am not a lawyer. I do not prosecute these people before the grand jury. I do not say that is the duty of the examining boards, because the law provides a way to prosecute them. I do say it is the duty of the examining boards to *hunt up* these men who are practicing illegally. If you come into my district, I go to you and say, "Are you practicing medicine legally?" and I read the law to you and tell you if you don't comply I will turn you over to the district attorney and I will bring my witnesses and try you; you will be given a preliminary hearing and I will bring my witness and give my testimony. I do not prosecute at all, but the district attorney, who is employed by the State to do this. I merely work up the case. These people come in and want to rob us of our legitimate living and I hunt them up. I cannot leave that to the

grand jury or district attorney; it is dollars out of my pocket. And I think, where a man is put on one of our examining boards, he should hunt up these men and have them prosecuted under the law. If he tries to show he is not practicing medicine, I get somebody that he has practiced on for my witness. For instance, I took up a "faith cure" man, and under the law, and his attorney claimed he did not practice medicine. I got parties to swear that that man had given a child medicine; the mother had sent for him as a doctor and he took care of the child as a doctor; and he accepted a fee as a doctor. And I convicted him and took him to the Criminal Court and convicted him there. That's the duty of the examining boards.

Dr. Stringer—You pursued this course, Doctor, by virtue of your appointment, or as your duty as a good citizen?

Dr. Fernandez—As a duty imposed on me as a member of the board of Medical Examiners for the Fourth District.

Dr. Lancaster—if this is the duty imposed by virtue of their appointments, then all the Boards should pursue this course. In the community of Gainesville it is because that board is not aware that it has such a duty that it has not done so. Whether or not it is an official duty or the duty of good citizens I think should be discussed.

The Board of Medical Examiners from the Fourth District reported as follows:

FERNANDINA, FLA., April 1, 1892.

*To the President and Members, Florida State Medical Society:*

GENTLEMEN—I herewith have the honor of submitting to you the transactions of the Medical Examining Board of the Fourth Judicial District, State of Florida, at meetings of July 8th and 9th, 1891, and January 11th and 12th, 1892.

**ANNUAL REPORT OF TRANSACTIONS OF MEDICAL EXAMINING  
BOARD, FOURTH JUDICIAL DISTRICT, STATE OF FLORIDA.**

At a meeting of the board, held in the city of Jacksonville on the 8th and 9th days of July, 1891, three applicants for license to practice medicine came before the board for examination, viz.: Dr. William Griffith, of Middleburg, Florida, presented diploma from College of Physicians and Surgeons, Baltimore, Md., dated 1887. Dr. Frank G. Williams, of McClenney, Florida, presented diploma from Southern Medical College, Atlanta, Ga. 1891. Dr. Henry Koch, of Jacksonville, Fla., presented diploma from University of Heidelberg, Germany, 1874,

At a meeting of the board, January 11th and 12th. 1892, five (5) applicants for license to practice medicine came before the board for examination, viz.: Dr. John W. Deavor, of Verona, Florida, presented diploma from Cincinnati College of Medicine and Surgery, 1865. Dr. R. R. Grant, of Beauclerc, Fla., presented diploma from University of Virginia and certificate of examination of State Board of Medical Examiners, Virginia. Dr. J. E. Garrison, of St. Augustine, Florida, presented diploma from Jefferson Medical College of Philadelphia, Pa., 1869. Dr. J. L. Huntington, of St. Augustine, presented diploma from University of Pennsylvania, 1857, and certificate of examination Medical Society of California, 1890. Dr. Horace Caruthers, of St. Augustine, Fla., presented diploma from University of City of New York, 1849.

All of the applicants of meetings of July, 1891, and January, 1892, having passed satisfactory examinations were licensed by the Board to practice medicine in the State of Florida, making total number of certificates to date eighty-two. The Board has had considerable trouble with itinerant physicians, and others who have attempted to practice medicine in the State unlawfully. So far the Board has been able to make examples of but two persons. Dr. Edwards, so styled by himself, but having no diploma to prove his claim, was arrested by direction of Dr. J. D. Fernandez, President of the Board; and this case was tried before Justice Court and the party bound over to appear before the Circuit Court, but upon promise of

prisoner to cease practicing proceedings were stopped and prisoner released. The other case was one Matthew Travers (?), a gentleman of the colored persuasion, and a doctor of the soul as well as of the body, and a very learned individual in general. "He could speak seven languages," and could remove, for a money consideration, all ailments from his suffering brethren, in the form of living frogs, lizards, snakes, etc. The Board made several attempts to bring this party before them, but failing to do so, they caused his arrest. He was tried, convicted and sentenced to serve six months in the chain gang of Jacksonville.

It is the opinion of the Board of the Fourth District that certificates of examination, issued by Medical Examining Boards of other States, should be recognized by the several boards of the State of Florida, and where an applicant presents such certificate he should be given a certificate without examination. The Board would like to hear expressions on this subject from other boards.

Respectfully submitted,  
J. LOUIS HORSEY,  
*Secretary.*

**Dr. DuBois**—Dr. Caldwell, Secretary of the Seventh Judicial District, unfortunately, is absent, and we can give no report. At the last meeting of the Board two applicants were examined and one of them passed. We require 75 per cent. The examination is in writing. The percentage has been about 25 per cent. rejected. We have procured eleven indictments and convicted eleven, and we expect soon to have another conviction. All of which is submitted.

**Dr. Perry**—Before we dismiss this matter of reports from the various examining boards, I would like to have a thorough investigation, for there is something wrong somewhere. There is great dissatisfaction in the different districts. Medical men have confided to me in this matter, and I would like to have the thing more fully discussed, and to know to whom are the examining boards amenable, and if they have done their whole duty. I would like to have the matter discussed. I am cognizant of a certain fact: In the Sixth Judicial District, where the Medical Examining Board had an applicant

before it, it is reported that on account of the personal feeling of a medical gentleman he was refused admission. I have met with this man myself; he claimed to be a physician, and wanted me to take him into partnership, and, of course, I wanted to know something about him. He told me he was indebted to London for his medical education. There was something wrong there, any way. There are discrepancies and other things, and I think a more thorough investigation of the matter advisable, and let us know who to look to.

Dr. Sweeting, of Key West, read the following report, submitted by Dr. Kennedy, Secretary of the Examining Board of Health, Sixth District:

*To the Florida Medical Association, Convened at Key West, Fla.:*

Report of Board of Medical Examiners, Sixth Judicial District, State of Florida. Sessions 1890 and 1891:

This Board organized on the 6th day of December, 1889, at which time rules were promulgated and adopted.

The examinations are by oral and written questions, of which the candidate must receive not less than 75 per cent. to pass. There have been four sessions of the Board held—two in 1890 and two in 1891.

|                                                       |     |
|-------------------------------------------------------|-----|
| Number of certificates issued to physicians . . . . . | 102 |
| Number upon examination . . . . .                     | 12  |
| Number of certificates issued . . . . .               | 114 |
| Number rejected upon examination . . . . .            | 1   |

This Board would respectfully request the Association to take some steps in urging our State Legislature to amend Section 7 of the present Act regulating the practice of medicine in this State, so as to add to the branches for examination in practice of medicine, Hygiene, Ophthalmology and Otology.

Also, that a special act be passed to remunerate the examining boards for certificates issued by them without charge, as is required by the existing law.

Respectfully submitted,

M. KENNEDY, M. D.,  
*Secretary.*

Bartow, Fla., March 31, 1892.

Dr. DuBois—When the Medical Board of the Seventh District was organized we employed an attorney, and, what was unexpected, we have kept him constantly employed.. The fees which the Medical Examining Board of the Seventh District have received have not one-quarter paid the expenses of the Board.

Dr. Porter—I think that at the last meeting of the Association, Mr. President, there was a resolution offered that the medical boards of the State—a resolution in the form of a suggestion—should adopt a uniform system or standard, and some percentage was mentioned. Some boards were requiring 80 and some 65 per cent., and it made a discrepancy in regard to the requirements of the medical education necessary in the different sections of the State as to the ability to practice medicine. I would like to know if anything has been done by the boards?

Dr. Fernandez—The Board of the Fourth District has complied with the request of the Association, and have adopted a standard of 80 per cent.

Dr. Stringer—These remarks, gentlemen, of the duty of the boards as to percentage are a little off the subject matter under discussion. It is not as to their duty in examining men, but it is what they regard as their duty in prosecuting the violators of that law. Whether it devolves upon them by virtue of their appointment on the boards to prosecute or not. I believe that if this Association was to pass a resolution to get legal advice we would get at it. And in that way the boards would be compelled to carry out their duty. I understand the Board in the Fifth District does not exactly regard it in that way, still that in Duval does, and other districts have different opinions about it, and there ought to be a uniform construction. I do not know where it is to come from, unless from a legal source; for, like Dr. Fernandez, we are not lawyers. If it is in order to consider a resolution of this kind I will offer one.

Dr. Lancaster—Some of the boards may deem it plainly their duty, but I do not think it is their duty by law. That is what the attorney of the county should do. It is true some of those gentlemen appointed on these boards

when first organized have resigned, and others have been appointed without the recommendation of the President of this Association; but most of the boards are children of this Association, and I think that the most practicable way is for the boards to have a meeting, and let them come to some agreement as to their duty and adopt some uniform requirements. If they will not do so, I do not think we can force them in any way. We should request them to hold a meeting and organize. If I mistake not, the member of the Fifth told me the law did not make it his duty to look up violators.

Dr. Fernandez—I do not want any member of this Association to understand that I prosecute people; I do not do that; I assist the District Attorney. I said I hunted up these men; I do not leave that duty to the District Attorney or the Grand Jury; I hunt them up, and then turn them over to the District Attorney. It is a truth that unless you help yourself nobody is going to help you. I help myself when I hunt up Dr. Lancaster and report him to the District Attorney; the latter does the prosecuting. I don't do the prosecuting; I get him the data and the witnesses. He asks me: Is that man licensed? No, sir. He knows under the law that to practice he must be licensed? Yes, sir. The District Attorney is not going out of his way to find out these things; he is not going out of his way to get witnesses. It is in the interests of this Association and my professional brethren that I get that information and turn it over to the attorney, and he prosecutes. I think it is the intent of the law that the men on the examining boards should hunt up these cases and have them prosecuted.

Dr. Lancaster—Dr. Fernandez gives in the name of the man to be prosecuted, and begins the case by carrying him before the Justice Court.

Dr. Fernandez—I file the information for the prosecution; I do not try the man.

Dr. Stringer—if that is their duty, there are very few boards in this State doing it; and I believe it is because of their ignorance of their duty. That's the question we want to discuss, and not the propriety of the members making the charges.

Dr. Lancaster—I answer that I doubt very materially whether it is my duty to do it as a member of the Board. I will do it very readily as a good citizen, but not under compulsion of the law. That's the very point we are discussing.

Dr. Stringer offered the following:

*Resolved*, That the Secretary of this Association correspond with and ask the Attorney General of the State if, in his opinion, it is the legal duty of the organized boards of medical examiners for the various judicial districts to report the violators of the law regulating the practice of medicine in the State of Florida to the District Attorney, and if it is the duty of the latter to take immediate cognizance of said report and prosecute?

Dr. Porter moved the adoption of the resolution. Motion put and carried.

Dr. Oglesby—I move that the Secretary be instructed to have printed this opinion of the Attorney General and forward to each member of the examining boards in the State a copy of the same. Seconded and carried. (See Appendix.)

Dr. Jackson introduced the following, which was unanimously adopted :

WHEREAS, We have learned with regret of the resignation as President and member of the State Board of Health of our esteemed ex-President, Dr. R. P. Daniel; therefore, be it

*Resolved*, That we, the Florida Medical Association, now in session in the city of Havana, do hereby express to him our appreciation of his laborious and self-sacrificing duties as President and member of said board (without proper remuneration) as a representative of the medical profession—feeling assured that it was his patriotism and the expressed wish of this Association which caused him to hold his position as long as he did, to the detriment of his private interests.

While we part with Dr. Daniel's services with deep regret, we still affirm our confidence in the efficiency of the State Board of Health and able Health Officer.

On motion of Dr. Oglesby, the order of business was waived and a report received from Dr. Harris, of the

Marion County Medical Society, who was unavoidably absent during the period devoted to the reception of County Society reports. It was so ordered, and Dr. Harris made the following report:

MR. PRESIDENT: In regard to the Marion County Medical Society, I will say that at the last meeting of the Association a full report of its transactions during the past year was ordered to be presented to this Association. Dr. R. P. Izlar is the Secretary. He prepared such a report and told me that he would come and bring it. During the year we have changed the meetings from semi-annual to semi-monthly. It is now proposed to make them monthly. We have increased our membership by five new members and have lost four by death; we have now twenty-three active members on the roll of the Society. Eleven cases were reported at the last meeting and four interesting papers read. Everything is going along better than in the past. Our report should be forwarded that it may be placed on file and complete this meagre statement by giving the names of the new members, the losses by death and the financial condition. I believe that is all.

Dr. Porter offered the following resolution, with the suggestion that it be laid on the table until to-morrow morning:

*Resolved*, That the Librarian is authorized to expend annually two-fifths of the annual dues of each contributing member of the Florida Medical Association, in subscription to domestic and foreign medical journals, and distribute them by mail in alphabetical rotation to each active member. Each member after retaining the periodical for not more than one week to forward the same according to a list attached to said periodical to the next member.

Dr. Lancaster offered the following motion, which was duly put and carried:

*Resolved*, That the Secretary be instructed to extend our sympathies to Dr. Caldwell and our regrets at his not being present.

On motion, the Association stood adjourned, subject to the call of the President.

## EVENING SESSION.

HAVANA, CUBA, April 6, 1892.

The Association convened at 8 p. m., at the call of the President.

The Committee on Credentials submitted a report, which was read, and on motion of Dr. White, laid over for action at to-morrow's session.

Dr. Jackson moved to extend the privilege of the floor to the Havana physicians who were present, as well as to Dr. McKenna, of Omaha, and invite them to participate in the deliberations of the Association. This was unanimously carried.

The minutes of the evening session held in Key West were read, corrected and approved.

Dr. Oglesby then moved that an adjournment be taken until nine o'clock to-morrow morning. Carried.

## MORNING SESSION.

HAVANA, CUBA, April 7th, 1892.

President Pierpont called the Association to order promptly at 9 o'clock, and the reading of the minutes of yesterday's session ordered, and the minutes approved after corrections.

The Special Committee appointed on the President's Address, reported as follows:

We, the Committee, to which was referred the annual address of the President, delivered at Key West on the 5th instant, report :

That we would call attention especially to that portion of the same which refers to the working of the law recently enacted by our legislature regulating the practice of medicine. Likewise, to the suggestions made that a special or standing committee be appointed on legislation. The question of having a permanent place of meeting for the Association is, likewise, a matter for consideration.

The Committee, in conclusion, recommend that the address, as a whole, be referred to the Committee on Publication.

R. P. DANIEL,  
C. R. OGLESBY,  
J. L. HORSEY,  
*Committee.*

Dr. Lancaster moved the adoption of the report and discharge of the committee. Carried.

The Committee on Credentials presented their report as follows :

We, the Committee on Credentials, report as delegates duly accredited to the Association as follows: G. W. Strickland and R. A. Lancaster, Alachua County Medical Society; C. C. Harris, Marion County Medical Society; W. S. Airth, Suwannee County Medical Society; C. R. Oglesby, Pensacola Medical Society.

And recommend to the Association for election to membership the gentlemen whose names have been signed to the accompanying applications.

C. SWEETING, Chairman.  
Jos. D. RUSH,  
R. C. WHITE.

Dr. C. R. Oglesby moved that the Society take up the names one by one, and unless some objection is made to the name as it is presented, the Secretary be authorized to cast an affirmative vote for the applicant. Carried.

The following gentlemen were accordingly elected :

|                                     |               |
|-------------------------------------|---------------|
| Dr. M. T. Alexander . . . . .       | Apalachicola. |
| " Andrew L. Pendleton . . . . .     | Key West.     |
| " Olin S. Wright . . . . .          | Plant City.   |
| " Manuel F. Lewis . . . . .         | Key West.     |
| " W. R. Chalker . . . . .           | Lake City.    |
| " Theo Turnbull . . . . .           | Monticello.   |
| " Orlando S. Clyatt . . . . .       | Judson.       |
| " Eligio M. Palma . . . . .         | Key West.     |
| " H. F. Airth . . . . .             | Live Oak.     |
| " M. G. Echeverria . . . . .        | Key West.     |
| " Joseph W. V. R. Plummer . . . . . | Key West.     |
| " J. V. Harris . . . . .            | Key West.     |

**Application of Dr. L. W. Livingston, of Key West, was withdrawn at the request of Dr. C. B. Sweeting.**

**The application of Dr. Joseph R. de Armona, of Key West, was, on motion of Dr. Oglesby, referred to the Committee on Ethics.**

**Dr. Porter's motion of yesterday was then taken up, and on motion of Dr. White, laid on the table.**

**The Secretary read the report of the Librarian, and, on motion, it was accepted and his diligence commended. (See Appendix for report.)**

**A communication from Dr. J. Santos Fernandez, of Havana, who was present, was read to the Association by one of his confreres, and he also donated a complete set of the Medical Journal, of which he is the proprietor. His communication is as follows:**

**GENTLEMEN : I will say only a few words to state how pleasing it is to me to see a group of distinguished American medical gentlemen assembled in my native city. As the director of the oldest medical journal in Cuba, "The Cronica Medico Chirurgica," and in the name of the Cuban profession, I welcome you, my colleagues.**

**Being a member of the Executive Committee of the Intercontinental Congress that is to be held in Washington next year, it was my intention to call the attention of that Congress to a most important idea. I eagerly take the opportunity of expressing my views before the Florida Medical Association, with the hope that its members will become interested in its execution. My idea is as follows: With the exception of the very extended and most important work of Dr. George M. Sternberg, almost nothing practical and serious has been done to endeavor to remove from the Gulf of Mexico that deadly plague, the yellow fever, which constitutes the greatest obstacle to the scientific relations between our two countries. I therefore think that much could be done if this question would be accepted and considered as one of common interest, and the study of the etiology of this disease would be pursued with constant and increasing**

activity by means of adequate committees and society relations.

I hope the Florida Medical Association will take a considerable part in carrying on this idea. I hope it will convey the interest to other societies and associations in the States. As to me, I need not say I will devote myself, my journal and my laboratory to its prosecution. May its execution render this land a pleasant and brotherly home for all Americans.

J. SANTOS FERNANDEZ.

On motion of Dr. Daniel, the thanks of the Association were extended to Dr. J. S. Fernandez.

Dr. Daniel further moved that the Secretary be instructed to furnish Dr. J. Santos Fernandez with a complete file of the reports of our Association. Carried.

Dr. Sweeting moved that Dr. Fernandez be made an honorary member of the Association, and at the suggestion of Dr. Maloney, the other medical men of Havana present were included in the motion, and the following gentlemen elected to honorary membership:

Dr. J. S. Fernandez, Dr. J. Diago, Dr. E. L. Luaces, Dr. D. M. Burgess, Dr. Erastus Wilson.

On motion of Dr. Rush, the Association then proceeded to the election of officers.

Dr. Lancaster placed in nomination the name of Dr. S. Stringer for President, and Dr. DuBois nominated Dr. Caldwell. Dr. Pierpont declined to have his name placed before the Association.

The Association proceeded to ballot, the President appointing Drs. Oglesby and DuBois tellers. The voting resulted in a ballot of thirteen for Dr. Stringer, and seven for Dr. Caldwell.

On motion of Dr. Porter, Dr. Stringer's election was then made unanimous.

Dr. Porter placed the name of Dr. C. B. Sweeting before the Association for First Vice-President, and on mo-

tion of Dr. White, the Secretary was authorized to cast the vote of the Association for Dr. Sweeting.

Dr. Oglesby nominated Dr. Rush for Second Vice-President, and he was elected in like manner.

A committee composed of Drs. Maloney and Oglesby conducted the newly elected officers to their seats.

Dr. Pierpont introduced Dr. Stringer, the new President, to the Association, and he expressed his thanks as follows:

GENTLEMEN OF THE ASSOCIATION: I am perfectly satisfied that there is not a member of this Association that has the least comprehension of the surprise that you confer upon me this morning. In bestowing this honor upon me it matters not whether it is on account of my seniority, geographical position in the State, or individual merit; I promise you that I will faithfully perform the duties of the office to the best of my ability. I predict for the Florida Medical Association a wonderful future. Our geographical position gives us opportunities that few State associations have. And I think you have acted wisely this morning in soliciting the membership of gentlemen from this city. Our intercourse with Cuba, commercial as well as social, is growing so rapidly that before a great while we shall be almost as one. And the advantages to be derived from this membership will be very great, and the opportunities for our State Association will be exceptionally great for benefiting the human race, in the near future. Gentlemen, as this was so much of a surprise, I have nothing more to say, but thank you again for the compliment.

Dr. Sweeting also favored the Association with a few remarks.

On motion of Dr. Lancaster, the reading of papers was next taken up, and Dr. O. E. Worcester favored the Association with an interesting paper—"Report of a Case of Diphtheria"—which was received and referred to the Publication Committee.

The Committee on Accounts made the following report:

*To the President of the Florida Medical Association:*

SIR: Your committee to whom was referred the accounts of the Treasurer, beg leave to return the same as being correct.

JOSEPH Y. PORTER, *Chairman.*

HAVANA, June 6th.

On motion, the report was received and approved.

An adjournment was then taken until 12 o'clock, mid-day.

#### AFTERNOON SESSION.

The Association was called to order by President Stringer, and the discussion of papers made the first order of business.

The next paper on the calendar was by Dr. D. Stuart Lyon, of DeLand, on "Forensic Medicine." Dr. Lyon was not present, and his paper had not been placed in the hands of the Secretary. Dr. Oglesby, therefore, read a paper on "Some Observations on Typhoid Fever," by Dr. W. E. Anderson, of Pensacola, and the Association discussed it thoroughly by the light of their experience. At the conclusion of the discussion, the paper was referred to the Committee on Publication. (See Appendix.)

Dr. Oglesby then read a paper by Dr. W. H. Ross, of Pensacola, on "The Climatic Treatment of Pulmonary Tuberculosis," which, after discussion, was reported to the Publication Committee. (See Appendix.)

Dr. Pierpont presented to the Association some observations on "Ophthalmology and the General Practitioner." Upon motion of Dr. Porter, the discussion and disposition of this paper was deferred until the next session, and the Association adjourned to meet to-morrow morning at 8 o'clock.

## MORNING SESSION.

HAVANA, CUBA, April 8, 1892.

The Association was called to order by Dr. Stringer, the President, at 8 o'clock, in accordance with the adjournment of yesterday.

The Secretary read the minutes of yesterday's session, which were duly approved.

The discussion of Dr. Pierpont's paper being the first order of business; after discussion, on motion of Dr. Lancaster, it was placed in the hands of the Committee on Publication. (See Appendix.)

Dr. White stated that Dr. Erastus Wilson, of Havana, had kindly prepared a paper on the present sanitary condition of his city, and, on motion of Dr. Daniel, the regular order of business was waived in order to enable the Doctor to read his contribution to the Association. (For paper and remarks, see Appendix.) Dr. Daniel moved that the interesting paper be received and referred to the Publication Committee, and that the thanks of the Association be extended Dr. Wilson. Carried.

Dr. Sweeting read a paper prepared by Dr. M. Kennedy, of Bartow, on "The Administration of Drugs," which was likewise discussed and referred to the Committee on Publication.

Dr. Oglesby next introduced the section on Surgery by calling on Dr. Maloney for the first paper. This gentleman read notes made on three cases occurring in his practice, and on motion of Dr. Oglesby, his paper was also placed in the hands of the Publication Committee.

Dr. Oglesby read a paper prepared and submitted by Dr. Angus A. Gillis, entitled "Circumcision." After discussion, the same was referred to the Committee on Publication.

Dr. Oglesby then read his own paper, entitled "Genito-Urinary Surgery," which provoked a prolonged discussion. This paper was referred as usual. (See Appendix.)

The selection for a place for the next meeting of the Association now coming up, Dr. Lancaster inquired what, if any, places had tendered invitations, to which the Secretary replied that only one city, Sanford; had as yet done so. Dr. Daniel named Jacksonville as the most proper place, giving his reasons therefor, and extending an invitation to the Association as cordially on the part of the profession and the citizens as it was on his personally.

Dr. Strickland moved "that the next meeting of the Association be held in Jacksonville on the first Tuesday in April, 1893," which was unanimously carried.

Dr. Daniel returned thanks as follows:

**MR. PRESIDENT AND GENTLEMEN:** In the name of the Duval County Medical Society and the citizens of Jacksonville, I thank you cordially for the warm way in which you have met this invitation, and I can only assure you that everything that can be done by us to make the meeting in our city not only successful in its practical workings but pleasant in its associations, will be made; and we shall hope to have a large and full attendance, which we will endeavor to provide for.

Mr. President, I would ask permission to allude to one other matter while I am up, and that is the resolution which I heard read here yesterday, referring most kindly and complimentarily to myself in connection with the State Board of Health. I can assure you and the members that I very highly appreciate the sentiments expressed in the resolution, and can only say that my sense of duty to the profession, to the people of the State, and particularly to this Association, was the most influential factor in bringing me to accept the position. While I realized the importance of the work, and while I took the deepest interest in it, I not only felt that I did not have time to devote so as properly to do justice to the duties of such an office, but that I was not competent to meet all the needs that were required in a position which, perhaps, another man in the State could have better filled. But I accepted it for you of my profession, and for you

particularly in this Association, with whom I have been working for years to bring about this result. I assert and claim that the Florida Medical Association was the originator and means of bringing about the creation of the State Board of Health in Florida; and without it, to this day, we would have had none. And therefore I felt that I was representing this Association, and responding to its call and claims upon me when I accepted a position on the Board. If I may have done any work to promote the interests of the State I am glad. But I felt that the time had come when I might step down and out without considering myself recreant to the trust; and I feel now that the State Board of Health is a powerful and strengthening factor for the good of the people, and one that will grow stronger and more powerful each year, and particularly so long as it has the valuable services of my friend here, the present State Health Officer. Nevertheless, gentlemen, let me impress upon all that the work of the sanitarian and health official in all countries, and in ours as well, is one of constant battle against prejudice and the selfishness of mankind, individually and collectively. We all have to be educated in this matter, and in educating ourselves, should strive each one to assist in the education of others and thereby uphold the health organizations and build up the appreciation of health laws and health official to the standard that is needed to put us where we ought to be. It is a progressive work, and our motto should constantly be "Excelsior;" and while I think that the State Board of Health now has a firm hold on the people of our State, and is stronger than when it first went into operation, nevertheless, political prejudice can, unfortunately, do much to hamper the Board. Our legislators are not all as broad and expansive in the appreciation of their duties and powers as we would wish them to be, and we have all got to stand watch and ward over them in this matter. We have not only to endeavor to educate and influence the people in sanitary matters, but we must strive to influence our legislators and their legislation too. The organic law of the State requires a State Board of Health to exist, but it rests with the legislature to choose,

whether from selfish motives or the desire to cater to the people in the idea that it is reducing expenses, to so emasculate the State Board of Health as to make it worse than a farce, or to aid in building it up and strengthening it with the people.

On motion of Dr. DuBois, an adjournment of one hour was taken for breakfast.

#### AFTERNOON SESSION.

The Association was called to order by the President, pursuant to adjournment.

Upon motion, the Society again adjourned until 5 o'clock this afternoon, or so soon thereafter as practicable.

#### EVENING SESSION.

The Association convened pursuant to adjournment. Dr. Harris introduced the following resolution:

*Resolved*, That the Secretary be and he is hereby instructed to have certificates of membership in the Florida Medical Association printed in neat and attractive form.

*Resolved, second*, That such certificates of membership be at once issued to every member who is clear on the books; and that any member in arrears receive his certificate as soon as all dues are paid.

Carried.

Dr. White introduced Dr. Vidal Ma. de Sotolongo y Lynch, who was invited to a seat on the floor.

The minutes of the previous meetings held to-day were read and, after correction noted by Dr. Strickland, approved.

The appointment of the following committees was next announced for the ensuing year:

## COMMITTEES ON SECTIONS.

1. Medicine—Dr. R. A. Lancaster, Gainesville, Fla.
2. Surgery—Dr. R. L. Harris, Oakland.
3. Gynaecology—Dr. J. S. Herron, Pensacola, Fla.
4. Hygiene—Dr. Joseph Y. Porter, Key West, Fla.
5. Diseases of Children—Dr. O. E. Worcester, Conant, Fla.

## COMMITTEE ON PUBLICATION.

Drs. R. P. Daniel, P. J. Stollenwerck and S. Mitchell.

## COMMITTEE ON ACCOUNTS.

Dr. F. H. Caldwell, Dr. J. D. Fernandez and Dr. W. E. Anderson.

## COMMITTEE ON ETHICS.

Dr. J. B. Maloney, Dr. J. A. Jackson and Dr. N. D. Phillips.

## COMMITTEE ON ARRANGEMENTS.

Dr. R. P. Daniel, with power to add.

## ORATOR.

Dr. J. V. Harris, Key West, Fla.

## DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

Drs. C. R. Oglesby, W. E. Anderson, H. K. DuBois, E. M. Alba, C. C. Harris, F. H. Caldwell, Neal Mitchell, J. M. Perry, R. P. Izlar, R. A. Lancaster, J. B. Maloney, S. Stringer.

The President's name was added to the list of delegates to the American Medical Association, on motion of Dr. White.

On motion of Dr. Lancaster, the paper presented by Dr. Echeverria, of Key West, was read by title and referred to the Committee on Publication.

Dr. DuBois, as chairman of the Section on Gynaecology, submitted papers prepared by himself, Dr. R. H. Dean and Dr. Gibbens, which were read and referred to the Committee on Publication.

The paper of Dr. F. G. Renshaw, named on the circular letter of the Secretary, was not sent in.

Dr. J. M. Jackson, chairman of the Section on Hygiene, explained his efforts to secure more papers on this subject. He read one, prepared by himself, which was duly referred to the Publication Committee. He gave notice that he would bring this matter up at the next annual meeting, and begged his colleagues to look into the matter and be prepared to sift it more thoroughly at that time.

The Secretary stated that Dr. Henry Bacon, of Jacksonville, had reported no papers on the section of which he was chairman.

Dr. Rush read a paper prepared by him on "Salol in Typhoid Fever," which, after being listened to, was placed in the hands of the Committee on Publication.

Dr. Fernandez read the report of the Committee on Railroad Practice to the American Medical Association. This elicited considerable discussion. It was finally agreed that the Association endorse the report made by the Secretary of the American Medical Association.

Dr. Daniel submitted the following resolutions, which were unanimously adopted:

*Resolved*, That the thanks of this Association are hereby most heartily conveyed to the Committee of Arrangements, as well as to the mayor and citizens of Key West, for the very cordial welcome extended to us; and more particularly do we feel it our privilege as well as duty to thank the ladies for the distinguished attention bestowed upon us by them. We exceedingly regret that the circumstances were such as to make our stay so brief in their midst, but shall none the less cherish the pleasing recollection of our limited stay.

*Resolved*, That we extend our grateful acknowledgments to Dr. D. M. Burgess, as well as to the other gentlemen who so largely and successfully exerted them-

selves to make our short sojourn in Havana full of enjoyment.

*Resolved*, That our thanks are extended to the various railroads for kindly accommodation in giving reduction on the ordinary rates. And particularly do we thank the Plant Steamship Line for courtesies accorded us by its various officers.

On motion of Dr. White, thanks were also returned to the proprietors of the Hotel Roma for courtesies received.

Dr. Perry moved that, if practicable, the Association call in a body on the United States Consul.

Carried.

On motion of Dr. Lancaster, the Association adjourned to meet in Jacksonville at the time proposed under the resolution before adopted.

Carried.

President Stringer then said:

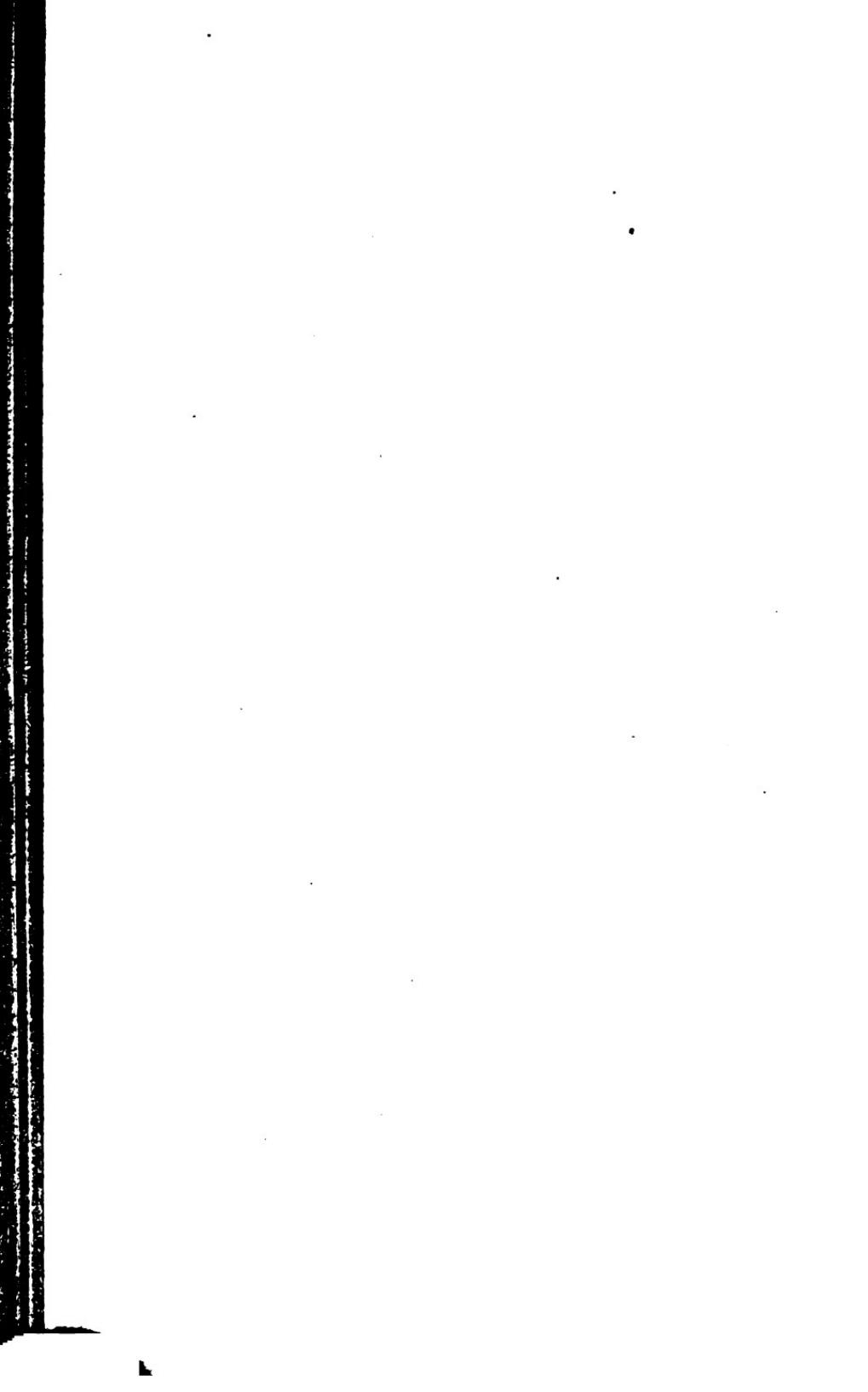
GENTLEMEN—Before closing this very satisfactory session, permit me to congratulate you upon the zeal exhibited by the members on this occasion in the interests of their work. For the past fifteen or sixteen years I have been watching the gradual growth of this Association, and am more than delighted to see such rapid improvement of late.

The papers read here to-day I feel sure will be sought for publication by many medical journals throughout the world. I hope all the members will continue their zeal and bring up as many papers as possible at the next meeting. I thank you for your courteous attention during the sessions, and will now announce that the Florida Medical Association stands adjourned.

S. STRINGER,  
*President.*

J. D. FERNANDEZ,  
*Secretary.*

## **APPENDIX.**



*To the President of the Florida Medical Association:*

SIR—Your committee to whom was referred the accounts of the Treasurer beg leave to return the same as being correct. JOSEPH Y. PORTER.

HAVANA, April 7, 1892.

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TREASURER'S REPORT—1891.

DR.

|                                                 |       |      |
|-------------------------------------------------|-------|------|
| To Balance cash on hand last report, meeting at |       |      |
| Pensacola, April 15, 1891 . . . . .             | \$541 | 98   |
| To annual dues, Dr. King Wylly, 1891            | 5     | 00   |
| " " " S. Stringer,                              | "     | 5 00 |
| " " " Jas. P. Peeler,                           | "     | 5 00 |
| " " " J. Harris Pierpont,                       | "     | 5 00 |
| " " " Jos. D. Rush,                             | "     | 5 00 |
| " " " Jas. M. Jackson, Sr.,                     | "     | 5 00 |
| " " " Jas. M. Jackson, Jr.,                     | "     | 5 00 |
| " " " C. R. Oglesby,                            | "     | 5 00 |
| " " " H. L. Simpson,                            | "     | 5 00 |
| " " " Thos. P. Gary,                            | "     | 5 00 |
| " " " W. R. O'Neal,                             | "     | 5 00 |
| " " " R. P. Izlar,                              | "     | 5 00 |
| " " " W. E. Anderson,                           | "     | 5 00 |
| " " " F. H. Caldwell,                           | "     | 5 00 |
| " " " J. F. Lynch,                              | "     | 5 00 |
| " " " J. S. Herron,                             | "     | 5 00 |
| " " " J. N. D. Cloud,                           | "     | 5 00 |
| " " " R. A. Lancaster,                          | "     | 5 00 |
| " " " W. C. Johnson,                            | "     | 5 00 |
| " " " R. L. Harris,                             | "     | 5 00 |
| " " " R. P. Daniel,                             | "     | 5 00 |
| " " " C. B. Sweeting,                           | "     | 5 00 |
| " " " R. T. Walker,                             | "     | 5 00 |
| " " " J. W. Ross,                               | "     | 5 00 |
| " " " Wm. Henry Ross,                           | "     | 5 00 |
| " " " Frank G. Renshaw,                         | "     | 5 00 |
| " " " Frank Phillips,                           | "     | 5 00 |
| <i>Carried forward</i> . . . . .                | \$676 | 98   |

|                                     |      |       |    |
|-------------------------------------|------|-------|----|
| <i>Brought forward . . . . .</i>    |      | \$676 | 98 |
| To annual dues, Dr. Wm. Lee Patten, | 1891 | 5     | 00 |
| " " " Pastor Burgos y Gomez"        |      | 5     | 00 |
| " " " Wm. F. Fordham,"              |      | 5     | 00 |
| " " " Wm. C. Gorgas,"               |      | 5     | 00 |
| " " " Angus A. Gillis,"             |      | 5     | 00 |
| " " " Wm. J. Hannali,"              |      | 5     | 00 |
| " " " Oswald L. Johnston,"          |      | 5     | 00 |
| " " " Jno. B. Maloney,"             |      | 5     | 00 |
| " " " Jesse M. McLane,"             |      | 5     | 00 |
| " " " Louis M. McLendon,"           |      | 5     | 00 |
| " " " Robt. C. White,"              |      | 5     | 00 |
| " " " D. M. Smith,"                 |      | 5     | 00 |
| " " " M. Richard Gibbens,"          |      | 5     | 00 |
| " " " F. F. Smith, 1890 and         |      |       |    |
|                                     | 1891 | 10    | 00 |
| " " " E. M. Alba, 1890 and          |      |       |    |
|                                     | 1891 | 10    | 00 |
| " " " J. R. Cravey,                 | 1890 | 5     | 00 |
| " " " E. T. Sabal,                  | 1891 | 5     | 00 |
| " " " C. Drew,                      |      | 5     | 00 |
| " " " J. A. Jackson, 1890 and       |      |       |    |
|                                     | 1891 | 10    | 00 |
| " " " G. W. Lancaster,"             |      | 5     | 00 |
| " " " Joseph Y. Porter,"            |      | 5     | 00 |
| " " " A. J. Wakefield,"             |      | 5     | 00 |
| " " " G. E. Hawes,"                 |      | 5     | 00 |
| " " " J. M. Thompson,"              |      | 5     | 00 |
| " " " O. E. Worcester,"             |      | 5     | 00 |
| " " " J. L. Horsey,"                |      | 5     | 00 |
| " " " Leslie M. Weedon,"            |      | 5     | 00 |
| " " " F. D. Miller,"                |      | 5     | 00 |
| " " " R. H. Dean,"                  |      | 5     | 00 |
| " " " Sollace Mitchell,"            |      | 5     | 00 |
| " " " Andrew McBride,"              |      | 5     | 00 |
| " " " P. J. Stollenwerck,"          |      | 5     | 00 |
| " " " Neal Mitchell,"               |      | 5     | 00 |
| " " " Jno. P. Wall,"                |      | 5     | 00 |
| " " " N. A. Williams,"              |      | 5     | 00 |

*Carried forward . . . . .* \$866 98

|                                     |       |          |
|-------------------------------------|-------|----------|
| <i>Brought forward . . . . .</i>    |       | \$866 98 |
| To annual dues, Dr. N. D. Phillips, | 1891  | 5 00     |
| " " " " Geo. C. Mathews, 1890       |       |          |
| and 1891                            | 10 00 |          |
| " " " " D. J. McRae, 1890 and       |       |          |
| 1891                                | 10 00 |          |
| " " " " J. F. McKingstry, "         |       | 5 00     |
| " " " " Andrew Anderson, "          |       | 5 00     |
| " " " " S. W. Moody, "              |       | 5 00     |
| " " " " R. D. Murray, "             |       | 5 00     |
| " " " " DeWitt Webb, 1890           |       |          |
| and 1891                            | 10 00 |          |
| " " " " J. A. Pacetti, 1890 and     |       |          |
| 1891                                | 10 00 |          |
| " " " " J. M. Samuel, "             |       | 5 00     |
| " " " " J. M. Perry, 1889           |       | 5 00     |
| " " " " H. K. DuBois, 1890          |       |          |
| and 1891                            | 10 00 |          |
| " " " " R. B. S. Hargis, "          |       | 5 00     |
| " " " " W. F. Shine, 1890 and       |       |          |
| 1891                                | 10 00 |          |
| " " " " J. C. Pelot, 1889, 1890     |       |          |
| and 1891                            | 15 00 |          |
| " " " " A. S. Baldwin, 1889,        |       |          |
| 1890 and 1891                       | 15 00 |          |
|                                     |       | <hr/>    |
|                                     |       | \$996 98 |
|                                     |       | <hr/>    |
| Balance . . . . .                   |       | \$751 48 |

1891.

CR.

|                                                                               |          |
|-------------------------------------------------------------------------------|----------|
| April 15—By annual salary of Secretary, 1890,                                 | \$100 00 |
| " expenses of Treasurer attending<br>meeting, 1891 . . . . .                  | 21 40    |
| April 20—By bill of C. W. DaCosta, circular of<br>Dr. Neal . . . . .          | 7 30     |
| By paper wraps, envelopes and stamps,<br>paper of Dr. Neal . . . . .          | 3 00     |
| By bill of Librarian, express on<br>books . . . . .                           | 1 40     |
| By bill of Chairman Committee Ar-<br>rangements, chairs . . . . .             | 2 00     |
| By bill of C. W. DaCosta, printing cir-<br>cular letter, Dr. Gary's death . . | 1 25     |
| By bill, postage, distributing paper<br>Dr. Gary's death . . . . .            | 1 50     |
| By bill, printing proceedings of 1891,                                        | 78 30    |
| By bill, postage and wraps, distrib-<br>uting proceedings . . . . .           | 9 38     |
| By postage, Treasurer collecting dues,                                        | 3 32     |
| By bill, C. W. DaCosta, printing pre-<br>liminary notice and envelopes .      | 3 10     |
| By 125 postal cards . . . . .                                                 | 1 25     |
| By bill, C. W. DaCosta, printing an-<br>nual circular and envelopes . .       | 3 40     |
| By postage, preliminary and annual<br>circular . . . . .                      | 5 50     |
| By bill of H. Drew & Bro., account<br>book for Treasurer . . . . .            | 75       |
| By stationery and telegrams of Sec-<br>retary . . . . .                       | 2 65     |
|                                                                               | <hr/>    |
|                                                                               | \$245 50 |

Respectfully submitted,

J. D. FERNANDEZ, *Treasurer.*

## ALPHABETICAL LIST OF MEMBERS.

### FELLOWS.

| <i>Name.</i>              | <i>Residence.</i>                                      | <i>Date of Membership.</i> |
|---------------------------|--------------------------------------------------------|----------------------------|
| Dr. ANDERSON, ANDREW*     | St. Augustine . . . . .                                | 1874                       |
| " ARTAND, THEO.†          | U. S. N. . . . .                                       | 1882                       |
| " AMES, J. G.†            | Palatka (2d Vice-Pres't 1888) . . . . .                | 1886                       |
| " ALBA, E. M.*            | St. Augustine . . . . .                                | 1887                       |
| " ALLYN, H. S.†           | Orange City . . . . .                                  | 1887                       |
| " ALEXANDER, J. A.        | Citra (died '88) . . . . .                             | 1887                       |
| " ALEXANDER, L.†          | St. Augustine . . . . .                                | 1887                       |
| " ANDERSON, W. E.*        | Pensacola . . . . .                                    | 1890                       |
| " ALSTON, A. A.*          | Belleview . . . . .                                    | 1890                       |
| " AIRTH, W. S.*           | Live Oak . . . . .                                     | 1892                       |
| " AIRTH, H. F.*           | Live Oak . . . . .                                     | 1892                       |
| " ALEXANDER, M. T.*       | Apalachicola . . . . .                                 | 1892                       |
| Dr. BALDWIN, A. S.*       | Jacksonville (Pres't '74 and '75) . . . . .            | 1874                       |
| " BETTON, G. W.*          | Tallahassee . (Pres't '81; resigned) . . . . .         | 1874                       |
| " BURROUGHS, R. B.        | Jacksonville (1st Vice-Pres't '74; resigned) . . . . . | 1874                       |
| Dr. BOND, JNO. S.         | Tallahassee (dead) . . . . .                           | 1875                       |
| " BULLOCK, J. G.          | Gainesville (resigned) . . . . .                       | 1879                       |
| " BALDWIN, W. L.          | Jacksonville (died '88) . . . . .                      | 1880                       |
| " BOCRIER, E.†            | Pensacola . . . . .                                    | 1882                       |
| " BURROUGHS, C. J.        | Jacksonville (resigned) . . . . .                      | 1884                       |
| " BISHOP, J. N.†          | Orlando . . . . .                                      | 1885                       |
| " BACON, H.*              | Jacksonville . . . . .                                 | 1887                       |
| " BURTON, L. J.†          | Melrose . . . . .                                      | 1888                       |
| " BLITCH, S. H.†          | Ocala . . . . .                                        | 1888                       |
| " BERRY, V.†              | LaCrosse . . . . .                                     | 1888                       |
| " BURGAS, PASTOR Y GOMEZ* | Key West . . . . .                                     | 1891                       |
| " BENNETT, J. D.*         | Crystal River . . . . .                                | 1890                       |
| Dr. CLOUD, N. D.*         | Newnansville . . . . .                                 | 1890                       |
| " CARTER, T. W.†          | Lake City . . . . .                                    | 1874                       |
| " CARN, J. M.             | Tallahassee (resigned '77) . . . . .                   | 1874                       |
| " CLAY, E. G.             | Fernandina (died '79) . . . . .                        | 1874                       |
| " COWGILL, C. A.†         | Orange Mills . . . . .                                 | 1876                       |
| " CANOVA, M. J.           | Green Cove (died '88) . . . . .                        | 1884                       |
| " CALDWELL, FRANK H.*     | Sanford (Librarian '87) . . . . .                      | 1884                       |
| " CONOVER, S. B.†         | Eustis . . . . .                                       | 1886                       |
| " CRAVEY, J. Z.*          | Pensacola . . . . .                                    | 1890                       |
| " CHALKER, WM. R.*        | Lake City . . . . .                                    | 1892                       |
| " CLYATT, ORLANDO S.*     | Judson . . . . .                                       | 1892                       |

|                                                  |                                                            |      |
|--------------------------------------------------|------------------------------------------------------------|------|
| Dr. DANIEL, R. P.* . . . .                       | Jacksonville . (Pres't '79) . . . . .                      | 1874 |
| " DAVIDSON, J. E. A. . . .                       | Quincy (resigned '78) . . . . .                            | 1876 |
| " DREW, C.* . . . .                              | Jacksonville . (1st Vice-Pres't '89) .                     | 1874 |
| " DONNELLY, J. C. . . .                          | Palatka (died '86) . . . . .                               | 1884 |
| " DICKINSON, R. M.† . . .                        | Orlando . . . . .                                          | 1885 |
| " DEAN, R. H.* . . . .                           | Leesburg . . . . .                                         | 1885 |
| " DUBois, H. K.* . . . .                         | Port Orange . . . . .                                      | 1885 |
| " DANA, A. S.† . . . .                           | ——— . . . . .                                              | 1888 |
| " DOUGLAS, JNO. H.* . . .                        | Jacksonville . (Librarian '90) . .                         | 1890 |
| " DUNKLIN, E. C.* . . . .                        | Dunnellon . . . . .                                        | 1890 |
| " DWELLY, G. A.* . . . .                         | Ocala . . . . .                                            | 1889 |
| Dr. EVANS, A. T. . . . .                         | Richland (resigned '87) . . . . .                          | 1886 |
| " ELLIS, W. M.* . . . .                          | Citra . . . . .                                            | 1888 |
| " ECHEVERIA, M. G.* . . .                        | Key West . . . . .                                         | 1892 |
| Dr. FERNANDEZ, J. D.* . . .                      | Jacksonville (Treas'r '78 and '92;<br>Sec'y '89) . . . . . | 1874 |
| " FORBES, S. S.† . . . .                         | Milton . . . . .                                           | 1882 |
| " FORDHAM, W. F.* . . .                          | Pensacola . . . . .                                        | 1882 |
| " FERGUSON, K. M. . . .                          | Citra (resigned '86) . . . . .                             | 1885 |
| " FISHER, G. W.† . . . .                         | DeLand . . . . .                                           | 1886 |
| Dr. GARDINER, R. W. . . . .                      | ——— (died '85) . . . . .                                   | 1874 |
| " GREEN, J. T.* . . . .                          | Leesburg . . . . .                                         | 1885 |
| " GLENNAN, A. H.† . . . .                        | U. S. N. . . . .                                           | 1886 |
| " GARY, THOS. P. . . . .                         | Ocala (Pres't '90 and '91; died '91) .                     | 1891 |
| " GAMBLE, R. G.* . . . .                         | Tallahassee . . . . .                                      | 1890 |
| " GORGAS, WM. CRAWFORD, PENSACOLA (resigned '92) | Pensacola (resigned '92) . . . . .                         | 1891 |
| " GILLIS, ANGUS A.* . . .                        | DeFuniak Springs . . . . .                                 | 1891 |
| " GIBBENS, MALVINA R.* .                         | Jacksonville . . . . .                                     | 1891 |
| Dr. HILL, J. C.† . . . . .                       | Palatka . . . . .                                          | 1874 |
| " HARRISON, R.† . . . . .                        | Fernandina . . . . .                                       | 1874 |
| " HUTCHINGSON, M. M. T.                          | Lake City† (Treas'r '75) . . . . .                         | 1875 |
| " HENTZ, CHAS. A. . . . .                        | Quincy (resigned '77) . . . . .                            | 1876 |
| " HOLT, P. A. . . . .                            | Jacksonville (died) . . . . .                              | 1877 |
| " HARGIS, R. B. S.* . . .                        | Pensacola (Pres't '82) . . . . .                           | 1878 |
| " HORSEY, C. W. . . . .                          | Fernandina (died '78) . . . . .                            | 1878 |
| " HORSTMAN, F.† . . . . .                        | Key West . . . . .                                         | 1878 |
| " HICKS, J. W.† . . . . .                        | Orlando (Pres't '87) . . . . .                             | 1885 |
| " HAWES, G. E.* . . . .                          | Palatka . . . . .                                          | 1886 |
| " HEWLETT, W. L.* . . . .                        | Rockledge . . . . .                                        | 1888 |
| " HORSEY, J. L.* . . . .                         | Fernandina . . . . .                                       | 1889 |
| " HODGES, J. H.* . . . .                         | Gainesville . . . . .                                      | 1890 |
| " HERRON, JAS. L.* . . . .                       | Pensacola . . . . .                                        | 1891 |
| " HANNAH, WM. J.* . . . .                        | Pensacola . . . . .                                        | 1891 |

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| Dr. HARRIS, C. C.* . . . .                | Ocala . . . . .                                                         | 1892 |
| " HARRIS, J. V.* . . . .                  | Key West . . . . .                                                      | 1892 |
| " HARRIS, R. L.* . . . .                  | Oakland . . . . .                                                       |      |
| Dr. IZLAR, ROBT. P.* . . . .              | Ocala . . . . .                                                         | 1891 |
| Dr. JACKSON, J. M.* . . . .               | Bronson (2d Vice-Pres't '81) . . . . .                                  | 1881 |
| " JOLLY, W. J.* . . . .                   | Waldo (2d Vice-Pres't '87) . . . . .                                    | 1886 |
| " JACKSON, J. A.* . . . .                 | Tampa . . . . .                                                         | 1887 |
| " JACKSON, JR., JAS. M.* . . . .          | Bronson (2d Vice-Pres't '91) . . . . .                                  | 1888 |
| " JUDSON, D. C. . . . .                   | Melbourne (dead) . . . . .                                              | 1890 |
| " JOHNSTON, OSWALD LEON* Milton . . . . . |                                                                         | 1891 |
| Dr. KNIGHT, A. W. . . . .                 | Jacksonville (Sec'y '79-'89; died '89)                                  | 1875 |
| " KENWORTHY, CHAS. J. . . . .             | Jacksonville (Pres't '80; resigned) . . . . .                           | 1877 |
| " KIMBALL, J. P. . . . .                  | St. Augustine (Orator '75; 1st Vice-Pres't '79; resigned '80) . . . . . | 1878 |
| " KENEDY, M.* . . . . .                   | Bartow . . . . .                                                        | 1886 |
| Dr. LESTER, F. W.† . . . . .              | Key West . . . . .                                                      | 1879 |
| " LEONARD, T. M.† . . . . .               | Pensacola . . . . .                                                     | 1882 |
| " LIVINGSTON, J. H.† . . . . .            | Jacksonville . . . . .                                                  | 1883 |
| " LANCASTER, R. A.* . . . . .             | Gainesville (Pres't '88 and '89) . . . . .                              | 1884 |
| " LAWRENCE, W. P.† . . . . .              | Orlando . . . . .                                                       | 1885 |
| " LYONS, D. S.* . . . . .                 | DeLand (1st Vice-Pres't '87) . . . . .                                  | 1885 |
| " LEFFINGWELL, J. B.† . . . . .           | Braidentown . . . . .                                                   | 1885 |
| " LANCASTER, G. W.* . . . . .             | DeLand . . . . .                                                        | 1886 |
| " LANCASTER, C. C. . . . .                | Palatka (resigned '88) . . . . .                                        | 1887 |
| " LYNCH, JUNIUS F.* . . . . .             | Sanford . . . . .                                                       | 1891 |
| " LEWIS, MANUEL F.* . . . . .             | Key West . . . . .                                                      | 1892 |
| Dr. McHENRY, T. P. . . . .                | Newnansville (died '75) . . . . .                                       | 1874 |
| " MURRAY, R. D.* . . . . .                | Key West (Pres't '78) . . . . .                                         | 1875 |
| " MITCHELL, J. D.† . . . . .              | Jacksonville . . . . .                                                  | 1878 |
| " McKinstry, J. F.* . . . . .             | Gainesville . . . . .                                                   | 1879 |
| " MURRAY, F. M.† . . . . .                | Key West . . . . .                                                      | 1879 |
| " MITCHELL, NEAL,* . . . . .              | Jacksonville (Orator '87) . . . . .                                     | 1884 |
| " MALLETT, C. H.† . . . . .               | Jacksonville . . . . .                                                  | 1884 |
| " MANN, W. A.† . . . . .                  | Palatka . . . . .                                                       | 1884 |
| " MATTHEWS, Geo. C.* . . . . .            | Orlando . . . . .                                                       | 1885 |
| " MONTGOMERY, J. S.† . . . . .            | Paola . . . . .                                                         | 1885 |
| " MITCHELL, SOLLACE* . . . . .            | Jacksonville . . . . .                                                  | 1887 |
| " MERRILL, C. M.* . . . . .               | Green Cove . . . . .                                                    | 1887 |
| " MCRAE, D. J.* . . . . .                 | Sanford . . . . .                                                       | 1888 |
| " MOODY, S. W.* . . . . .                 | Ocala . . . . .                                                         | 1890 |
| " McBRIDE, ANDREW* . . . . .              | Citra . . . . .                                                         | 1890 |
| " MEYER, F. J.* . . . . .                 | Ocklawaha . . . . .                                                     | 1890 |

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| Dr. C. L. E. * . . . .              | Cape Charles                                                              | 1890 |
| " McLEOD, J. L. & M. * . . . .      | Port Royal                                                                | 1891 |
| " COOPER, J. W. B. * . . . .        | Key West                                                                  | 1891 |
| " GALT, JOHN N. * . . . .           | St. Pauls Springs                                                         | 1891 |
| Dr. HARRIS, R. * . . . .            | Lakeview                                                                  | 1895 |
| " COOPER, J. W. * . . . .           | Jacksonville                                                              | 1897 |
| " STOUT, J. * . . . .               | Lake City and the Woods                                                   | 1898 |
| " HARRIS, W. V. * . . . .           | Montgomery                                                                | 1899 |
| Dr. HARRIS, S. T. * . . . .         | Live Oak                                                                  | 1881 |
| " COOPER, A. W. * . . . .           | T. S. N.                                                                  | 1882 |
| " COOPER, W. R. * . . . .           | Cococina Plaza                                                            | 1889 |
| " COOPER, C. R. * . . . .           | Pensacola                                                                 | 1890 |
| Dr. PORTER, JOSEPH Y. * . . . .     | Key West Pres't '86; Secy '77 and<br>'79 . . . . .                        | 1874 |
| " PARK, Jno. E. . . . .             | St. Augustine (resigned '77) . . . . .                                    | 1874 |
| " POETTL, LOUIS, * . . . . .        | St. Augustine . . . . .                                                   | 1874 |
| " PALMER, J. D. * . . . .           | Fernanina . . . . .                                                       | 1874 |
| " PERRY, J. M. * . . . .            | Lakeland (2d Vice-Pres't '77; re-<br>elected '88) . . . . .               | 1875 |
| " PALMER, T. M. * . . . .           | Monticello Pres't '76 . . . . .                                           | 1876 |
| " FENNY, GEO. A. * . . . .          | Cedar Key (died '75) . . . . .                                            | 1878 |
| " PHILLIPS, N. D. * . . . .         | Gainesville Pres't '85; 2d Vice-<br>Pres't '79 . . . . .                  | 1878 |
| " PILLEY, L. W. * . . . .           | Orlando . . . . .                                                         | 1886 |
| " PRESTON, J. C. * . . . .          | Manatee . . . . .                                                         | 1886 |
| " PAGETTI, JOSEPH A. * . . . .      | Jacksonville . . . . .                                                    | 1888 |
| " PRESTON, HARRIET E. * . . . .     | St. Augustine . . . . .                                                   | 1889 |
| " PEELER, JAMES P. . . . .          | Kissimmee (died '91) . . . . .                                            | 1890 |
| " PIERPONT, J. HARRIS, * . . . . .  | Pensacola (1st Vice-Pres't '91) . . . . .                                 | 1890 |
| " PHILLIPS, JR., FRANK, * . . . . . | Marianna . . . . .                                                        | 1891 |
| " PENDLETON, ANDREW L. * . . . .    | Key West . . . . .                                                        | 1892 |
| " PALMA, ELIGIO M. * . . . .        | Key West . . . . .                                                        | 1892 |
| " PLUMMER, JAS. W. V. R. * . . . .  | Key West . . . . .                                                        | 1892 |
| Dr. RANDOLPH, A. L. . . . .         | Tallahassee (1st Vice-Pres't '78;<br>Treas'r '77; resigned '82) . . . . . | 1874 |
| " RANDOLPH, J. H. . . . .           | Tallahassee (resigned '78) . . . . .                                      | 1874 |
| " ROBERTS, C. C. O. . . . .         | Lake City (died '76) . . . . .                                            | 1875 |
| " ROBINSON, H. . . . .              | Jacksonville (resigned '79) . . . . .                                     | 1875 |
| " RAINES, J. K. * . . . .           | St. Augustine (1st Vice-Pres't '88) . . . . .                             | 1885 |
| " ROSS, J. W. * . . . .             | Pensacola (Navy Yard) . . . . .                                           | 1891 |
| " ROSS, WM. H. * . . . .            | Pensacola . . . . .                                                       | 1891 |
| " BENSHAW, FRANK G. * . . . .       | Pensacola . . . . .                                                       | 1891 |
| " RUSH, JOS. D. * . . . .           | Apalachicola (2d Vice-Pres't '92) . . . . .                               | 1891 |

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| Dr. SABAL, E. T.* . . . . .      | Jacksonville (Pres't '83) . . . . .                         | 1874 |
| " SMITH, J. E. W. . . . .        | Jasper (resigned) . . . . .                                 | 1883 |
| " SPENCE, W. A.† . . . . .       | Jacksonville . . . . .                                      | 1883 |
| " SMITH, F. F.* . . . . .        | St. Augustine . . . . .                                     | 1848 |
| " SHELBY, W. A.† . . . . .       | Orlando . . . . .                                           | 1885 |
| " STONE, R. D. . . . .           | Maitland (resigned '87) . . . . .                           | 1885 |
| " SWEETING, C. B.* . . . . .     | Key West (1st Vice-Pres't '92) . . . . .                    | 1886 |
| " SAMUEL, J. M.* . . . . .       | Beresford . . . . .                                         | 1886 |
| " STRAUZ, P. H. . . . .          | Palatka (left the State) . . . . .                          | 1886 |
| " SHINE, W. F.* . . . . .        | St. Augustine . . . . .                                     | 1887 |
| " STRINGER, S.* . . . . .        | Brooksville (Pres't '92) . . . . .                          | 1888 |
| " STOLLENWERCK, P. J.* . . . . . | Jacksonville . . . . .                                      | 1890 |
| " SHUEY, GEO. E.* . . . . .      | Macclenny . . . . .                                         | 1890 |
| " SIMPSON, H. L.* . . . . .      | Pensacola . . . . .                                         | 1890 |
| " SMITH, DANIEL M.* . . . . .    | Jasper . . . . .                                            | 1891 |
| " STRICKLAND, G. W.* . . . . .   | Waldo . . . . .                                             | 1892 |
| Dr. THOMAS, F. F. . . . .        | Gainesville (resigned) . . . . .                            | 1884 |
| " TYNG, A. E.† . . . . .         | Jacksonville . . . . .                                      | 1887 |
| " TAYLOR, J. N.* . . . . .       | Eustis . . . . .                                            | 1888 |
| " THOMPSON, J. N.* . . . . .     | Ocala . . . . .                                             | 1890 |
| " TURNBULL, THEODORE* . . . . .  | Monticello . . . . .                                        | 1892 |
| Dr. VAN HOOD, E.* . . . . .      | Ocala . . . . .                                             | 1890 |
| Dr. WELLFORD, F. P. . . . .      | Jacksonville (Pres't '77; died '77) . . . . .               | 1874 |
| " WAKEFIELD, A. J.* . . . . .    | Jacksonville . . . . .                                      | 1874 |
| " WALL, J. P.* . . . . .         | Tampa (Pres't '84) . . . . .                                | 1875 |
| " WHITEHURST, M. J.† . . . . .   | Key West . . . . .                                          | 1878 |
| " WHITING, J. C.† . . . . .      | Pensacola . . . . .                                         | 1882 |
| " WARREN, JAS. H.† . . . . .     | Palatka . . . . .                                           | 1884 |
| " WARREN, CHAS. E.† . . . . .    | Palatka . . . . .                                           | 1884 |
| " WYLLY, KING,* . . . . .        | Sanford . . . . .                                           | 1885 |
| " WEBB, DEWITT* . . . . .        | St. Augustine (2d Vice-Pres't '89;<br>Orator '92) . . . . . | 1886 |
| " WEEDON, LESLIE,* . . . . .     | Tampa . . . . .                                             | 1887 |
| " WILLIAMS, N. A.* . . . . .     | Macon . . . . .                                             | 1890 |
| " WORCENTER, O. E.* . . . . .    | Conant . . . . .                                            | 1890 |
| " WALKER, R. T.* . . . . .       | Cedar Key . . . . .                                         | 1890 |
| " WHITE, ROBT. C.* . . . . .     | Pensacola . . . . .                                         | 1891 |
| " WILLIS, ROBT. A.* . . . . .    | Greenwood . . . . .                                         | 1891 |
| " WRIGHT, OLIN S.* . . . . .     | Plant City . . . . .                                        | 1892 |

\*Still a member. †Dropped for non-payment of dues. ‡Honorary member.

## HONORARY MEMBERS.

|                               |               |
|-------------------------------|---------------|
| DR. JNO. T. METCALF . . . . . | New York.     |
| " CHAS. S. BAVAN . . . . .    | Key West.     |
| " FRANKLIN BRANCH . . . .     | Tampa.        |
| " J. S. HARRISON . . . . .    | Tallahassee.  |
| " J. DARNEY PALMER . . . .    | Monticello.   |
| " W. H. BABCOCK . . . . .     | Jacksonville. |
| " J. SANTOS FERNANDEZ . .     | Havana, Cuba. |
| " J. DEAGO . . . . .          | " "           |
| " E. L. LUACES . . . . .      | " "           |
| " D. M. BURGESS . . . . .     | " "           |
| " ERASTUS WILLSON . . . .     | " "           |

## REPORT OF SECRETARY.

*To the Members of the Florida State Medical Association :*

GENTLEMEN—I herewith present you my Annual Report as Secretary, of the work done in the interest of the Association since our last meeting at Pensacola. In ten days after the meeting, I placed the minutes and papers read in the hands of the Committee on Publication, and got out 300 copies of Dr. Neal's paper. Sent 150 to members of the Legislature and one copy to each member of the Society. (See page 15 Proceedings 1891, Report of Chairman Committee on Dr. Neal's paper.) On the 10th of June, 1891, I received a telegram from Ocala announcing the death of our worthy President, Dr. Thos. P. Gary. I immediately notified the First Vice-President Dr. J. Harris Pierpont and Second Vice-President J. M. Jackson of his death, and a number of other members, so that they could attend the funeral. The distance was too great for Dr. Pierpont to come. I went to represent the Association, and attended the funeral with the local profession of Ocala. The funeral was a fitting tribute to so worthy a man, and to show you the esteem with which he was held, I will read you the proclamation of the Mayor of Ocala :

*To the Citizens of Ocala :*

The funeral services over the remains of Dr. Thomas P. Gary, who died yesterday morning, will take place at the Methodist Episcopal Church to-day, at 4 o'clock p. m. I most respectfully and earnestly recommend and request that all citizens render the respect due to the occasion by closing their respective places of business and attending the funeral ceremonies between the hours of 4 and 6 this afternoon.

Having for many years held the chief executive office of the city, having resided in our midst for upwards of twenty-five years, and having endeared himself to our people by his countless acts of charity and generosity, it is befitting that the funeral of Dr. Gary should be a testimonial of the honor, love and respect which our people entertained for him during his life.

Respectfully,

R. L. ANDERSON,

June 11, 1891.

Mayor.

Business was suspended and everybody turned out to pay the last tribute to his memory. I had 150 circulars printed and sent a copy to each member of the Society, notifying them of the death of our President.

On the 23d of June I received the Proceedings of the Association and distributed them to the members and Secretaries of other State Associations, and to a number of physicians throughout the State, not members, who, I thought, might be induced to join us. We have a large exchange list and our library is growing rapidly, and we receive every year a large number of valuable reports, etc., in return for our Proceedings.

On the 13th of December, 1891, death invaded our ranks again and took from us our worthy fellow member, Dr. J. P. Peeler, of Kissimmee, Chairman Committee on Surgery this year. He joined the Association in April, 1890, and was an earnest worker in its behalf. That he was a representative man in his section, the following notice of his death will show:

#### *A GOOD MAN GONE.*

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#### **THE CITIZENS OF KISSIMMEE MOURN DEEPLY THE DEATH OF DR. J. P. PEELER.**

*Special Correspondence of Times-Union:*

KISSIMMEE, FLA., Decembe 14.—A meeting of the citizens and business men of Kissimmee, held at the city hall at 2.30 p. m. to-day, was called to order by J. W. Aderhold, Mayor, who was unanimously elected Chairman, and John M. Lee, Secretary.

The Chairman explained the objects of the meeting, and after a few remarks, C. A. Carson moved that a committee of three be appointed by the Chair on resolutions to prepare some proper expression of their appreciation of the worth and merit of our deceased fellow-townsman, Dr. J. P. Peeler. The Chair appointed the following committee: C. A. Carson, S. Miller and J. W. Maddux. The committee retired and in due time reported the following resolutions, which were adopted :

We, the citizens and business men of Kissimmee, in meeting assembled, have heard with deep regret of the

death of our esteemed and honored friend and fellow-citizen, Dr. J. P. Peeler. We realize that in his death we have lost an upright and influential citizen, one who was ever ready to use every effort to advance the interests of this community, also a physician of good attainments and marked success, and a Christian gentleman. Be it therefore

*Resolved*, That we feel deeply his loss and sympathize profoundly with his bereaved family and friends in this their great loss.

*Resolved*, That we request a suspension of business from 12 M. to 3 P. M. on December 15th, to attend the funeral services.

*Resolved*, That a copy of these resolutions be furnished the family and also the city papers and the Times-Union of Jacksonville.

The meeting then adjourned.

JOHN M. LEE,  
Secretary.

J. W. ADERHOLD,  
Chairman.

Upon notifying our acting President of the death of Dr. Peeler, he appointed Dr. C. R. Oglesby, of Pensacola, Chairman Committee on Surgery in Dr. Peeler's place.

In February I got out the preliminary notice of the annual meeting, a copy of which was sent to each of the members. The Chairmen of the different sections were requested to communicate with the members and get papers for the coming meeting, and a postal card was enclosed to ascertain how many of the members would probably go, so that the Chairman of the Committee of Arrangements could make all necessary arrangements for their comfort and pleasure.

In March I issued the annual circular, giving title of papers to be read, with notice of rates, etc., as prepared by the Chairman of the Committee of Arrangements. I have tried to keep up the work of the Association and keep it abreast of the other State Medical Societies, and trust that the work done will meet with your approval.

Respectfully submitted.

J. D. FERNANDEZ, Secretary.

## REPORT OF THE LIBRARIAN.

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APRIL 3, 1892.

List of books, pamphlets, etc., received April 1, 1891, to April 1, 1892, by gift or exchanges. Some of these being missing numbers which have been kindly sent upon request by the respective State Medical Societies and Boards of Health to fill out the files of their annual reports in our library, making in all 68 volumes, 11 pamphlets and one year's subscription (1891-92) to the Virginia Medical Monthly, donated by the proprietor, Dr. Landon B. Edwards.

Reports of the transactions of the State Medical Associations of the following named States: Alabama, 1890 and '89; Colorado, '90-'91, '85 and '86; California, '91; Connecticut, '90; Dakota, '82-'89; Georgia, '90; Illinois, '89-'90; Maryland, '89-'90-'91; Massachusetts, '91; Missouri, '91-'90-'89; Michigan, '90-'91; Mississippi, '91-'90-'88; New York, '81 to '86, six volumes; New York, '89-'90; New Hampshire, '90-'91; New Jersey, '90-'91; North Carolina, '90; Nebraska, '90; Ohio, '91-'90; Oregon, '91-'89; Rhode Island, '89; South Carolina, '91; Tennessee, '89-'90-'91; Texas, '90; Vermont, '90; Virginia, '90-'91; Wisconsin, '91-'90.

Reports of the Boards of Health of the following named States: Michigan, 1888-89; Pennsylvania, 1887-88-90-'89; Wisconsin, 1889-90-88.

Report of the New York Academy of Medicine, 1891. Report of the United States Chief Signal Office, 1888-89, two volumes, 1890. Virginia Medical Monthly, 1891-92.

J. H. DOUGLAS, M. D., Librarian.

## REPORT OF PUBLICATION COMMITTEE.

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JACKSONVILLE, FLA., April 1, 1892.

The Publication Committee respectfully report that, after carefully revising the material placed in their hands, an edition of 500 copies of the proceedings of the Association for the year 1891 was gotten out at a cost of \$78.20, and delivered to the Secretary for distribution.

In reference to the action taken by the Association in regard to the report of Special Committee on Nomenclature at last session, adopting said report and authorizing the Committee on Publication to print 1,000 (or more) copies of "the Nomenclature of Diseases" in use by the United States Marine Hospital Service Department, the committee after duly considering the matter has hesitated to take the action indicated, and desire further instructions before doing so. Whilst the system of nomenclature, as thus arranged, appears to be most complete and altogether desirable to be in the hands of every physician in the State, we, nevertheless, recognized the cost of publishing a thousand copies of such a volume as this of more than two hundred pages, and embracing a mass of material requiring the most careful supervision over the printer's work, was not appreciated or contemplated by us.

The committee would respectfully suggest that a less elaborate and more condensed form of the same system could probably be published at a cost which would be reasonable, and at the same time better serve the purpose for which this action on the part of our Association was intended.

R. P. DANIEL,  
F. D. MILLER,  
P. J. STOLLENWERCK,  
*Committee.*

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We herewith append the report of the committee referred to above, as it was omitted in the publication of last year's Proceedings.

JACKSONVILLE, FLA., April 11, 1891.

*To the President of the State Medical Society.*

DEAR SIR: We desire to inform you that your committee to whom was referred the selection and adoption of a Nomenclature of diseases beg to respectfully recommend that of the Royal College of Physicians of London.

This Nomenclature is in use by the Marine Hospital Service of the United States, and by many municipal Boards of Health and hospitals, and in looking over the subject we cannot but think this Nomenclature is fully comprehensible and would be equal to our requirements.

Very respectfully,

JOSEPH Y. PORTER, Chairman.

FRANK H. CALDWELL,

N. D. PHILLIPS.

Adopted, and Committee on Publication authorized to have printed 1,000 or more copies and place the same in the hands of every physician in the State.

## REPORT OF COMMITTEE ON NECROLOGY.

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Dr. Gary's death occurred within less than two months after our last annual meeting, and our First Vice-President has appointed us to prepare a sketch of his life and present to this meeting.

So many eulogistic words have already been so well said through letters and the press, by those who knew him better than we, and those, too, who had been for years in constant intimate association with Dr. Gary, that we do not hope to bring you any new facts concerning his life, nor shall we detain you with an extended eulogy. And yet we think it fitting that the transactions of the Florida Medical Association should contain some account of one of the grandest men who ever held official position in it.

Thos. P. Gary was born in Abbeville, Cokesbury District, South Carolina, April 10, 1835. He was of English extraction. Dr. Gary received his academic education in his native State. He read medicine with his brother, Dr. F. E. Gary; attended his first course of lectures in Philadelphia; and subsequently graduated in Charleston at the South Carolina Medical College in 1856, and at once located in Brooksville, Fla., where he was in practice until the civil war came on.

At the beginning of the war he entered the Confederate service as a volunteer, but was soon commissioned as a surgeon, and assigned to duty in the Western or Trans-Mississippi Department. He was with the army of his choice, in field and hospital service, until the close of the war.

The war over, he returned to Brooksville, where he practiced his profession until 1867, when he removed to Ocala, Fla., where he lived until the day of his death, June 10, 1891.

For a period of eight years he was mayor of his adopted city.

As a physician and surgeon, his reputation was second to none in his city and State. He won for himself a

position among the foremost of the surgeons of our State, and was a recognized leader in the profession.

He had a wonderful capacity for work and endurance. He was always prepared to answer at once any appeal for attendance from any who needed his services; and he never refused to go because there was no honorarium in the case.

When called in consultation he was always helpful; a man of great expediency and honest with both patient and physician.

No man was a better or wiser friend to the young men of the profession. They could come to him in their extremity with full confidence that in him they would find a kind friend and judicious counsellor.

As a surgeon he was skilled in diagnosis, careful and judicious in operative interference, conservative in all his aims, and dexterous in the operation itself.

Though not an exhaustively voluminous writer, he prepared a number of papers of decided merit and value, and left a large amount of valuable material recorded in case books.

Dr. Gary was twice chosen President of the Florida Medical Association, and was at the date of his death filling that honored position.

Dr. Gary died in the flood tide of professional success. His fame was yearly increasing. He lived respected, loved, and his death was universally regretted. Let us emulate his virtues.

Though the days have glided into months, and it is now almost a year since he passed away, his place has not been filled in his city, State, or in this Society—nor can it be. We will and do miss his jovial face, his cheering words, his prudent, sage advice, and the influence of his stimulating personality. Yet he has left an example of earnest devotion to his professional duties, of honest fidelity to principle, and of true friendship, that abides with us and stimulates us to renew our endeavors to be true to the cause of our profession, and if we cannot all be great, still, we can make the most of the powers with which we are endowed.

While the members of our Association have reason for thankful appreciation of the many blessings and mercies



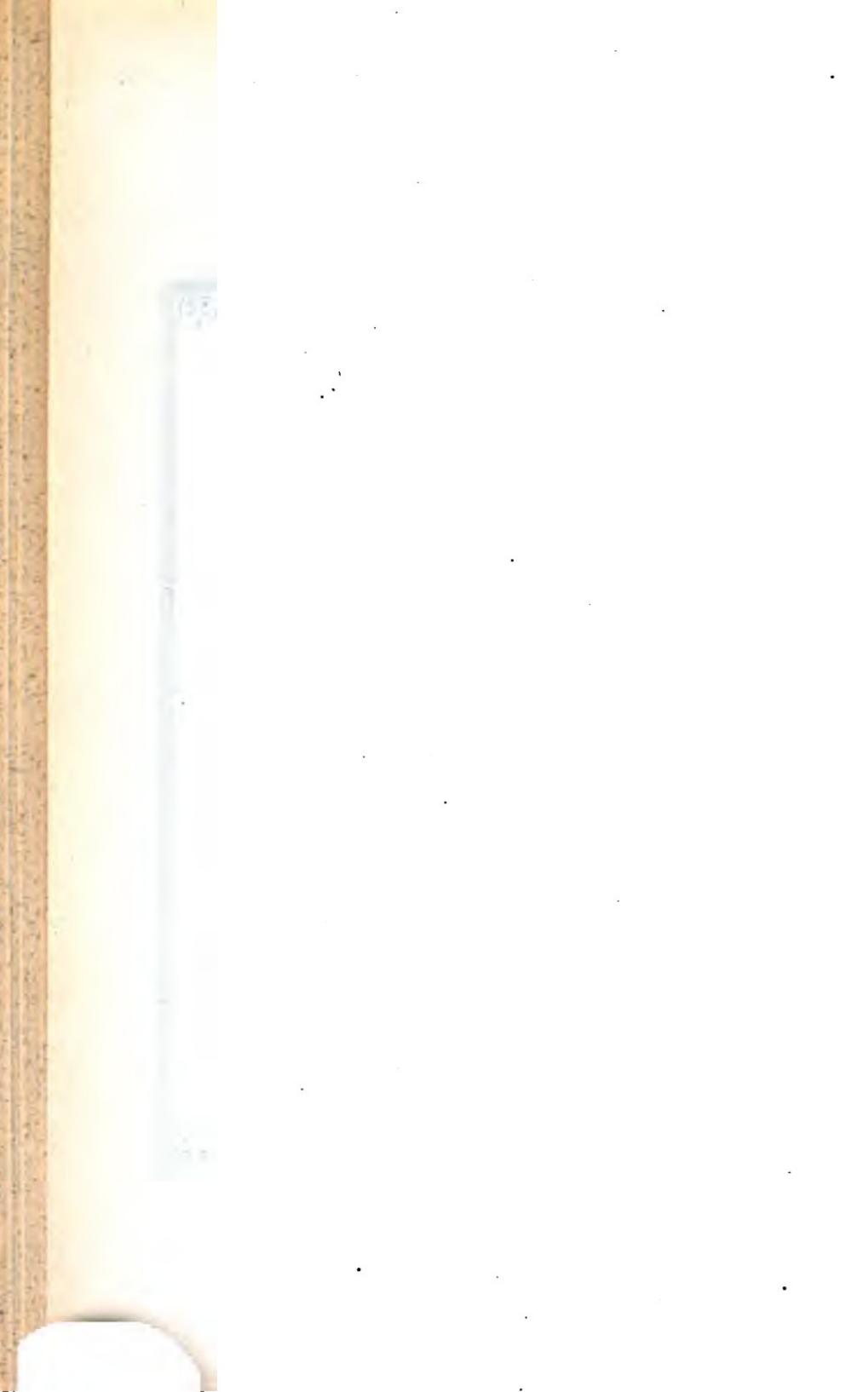
## **IN MEMORIAM.**

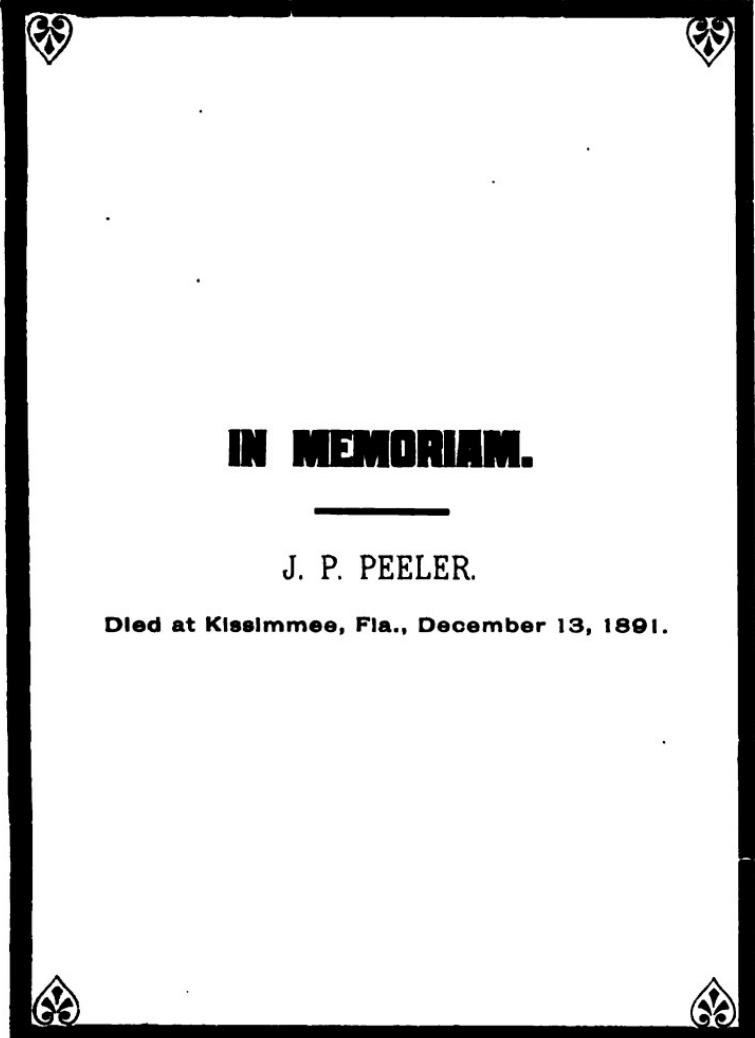
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**THOMAS P. GARY.**

**Born in Abbeville, S. C., April 10, 1835.  
Died at Ocala, Fla., June 10, 1891.**





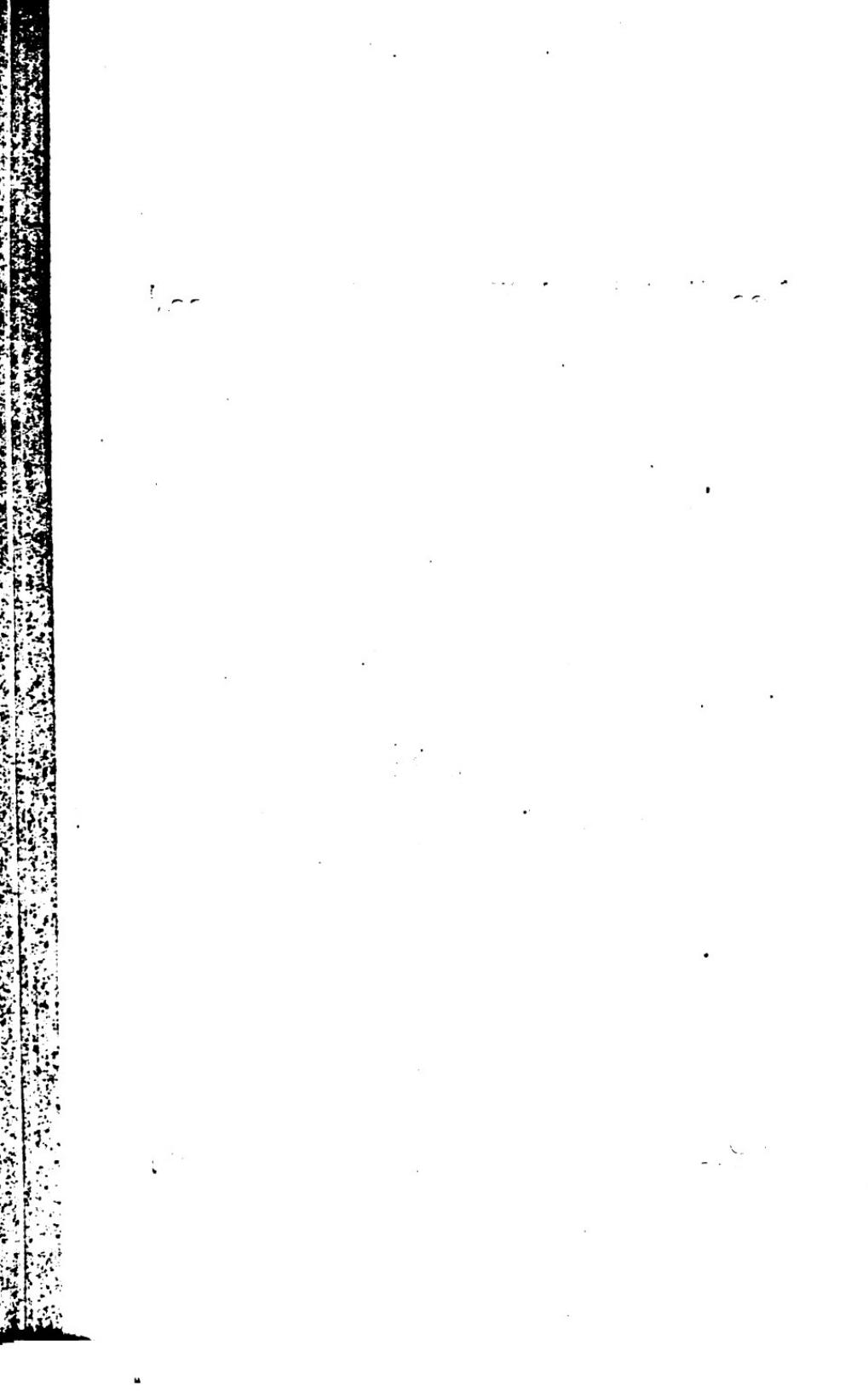


**IN MEMORIAM.**

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J. P. PEELER.

**Died at Kissimmee, Fla., December 13, 1891.**



which have been bestowed upon them since our last annual reunion, yet not one only, but two pages of the journal which records the history of this Association must be devoted *in memoriam* to members who will be absent ever more from roll call.

There is another familiar name without response to-day in addition to that of our lamented President. We are called upon to mourn the death of Dr. J. P. Peeler, of Kissimmee, Osceola County, who died on December 13, 1891.

Dr. Peeler was comparatively a new member of our Association, having joined in April, 1890, but he at once became zealous in his duties and active in his efforts to promote the interests which are our charge.

Comparatively young in years when his earthly career was closed, he yet lived long enough to make his loss most seriously felt in his profession, and likewise as a valued and respected member of the community in which he lived and was best known. We respectfully suggest that a blank page of the journal be inscribed to the memory of each of these lamented members.

R. P. DANIEL,  
C. C. HARRIS,  
C. R. OGLESBY,  
*Committee.*

CORRESPONDENCE RELATIVE TO DUTIES OF  
EXAMINING BOARDS.

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BROOKSVILLE, FLA., June 6, 1892.

*J. D. Fernandez, Secretary Florida Medical Association,  
Jacksonville, Fla.:*

DEAR DOCTOR: I think, as you say, the proceedings of our meeting are now in the hands of publisher, that the opinion of Attorney-General in regard to duties of Boards of Examiners relative to prosecution of violation of Chapter 3881, Laws of Florida, need not be published as originally intended, but placed in the minutes of the meeting, and his opinion read to next annual meeting.

I say this as the opinion of the Attorney-General is adverse to that entertained by most of the members of the Association at the time the request was made, and since the publication of his opinion will not change the effect at present being made to suppress illegal practice of medicine, it will be as well to merely file it to be read at next annual meeting.

Respectfully,

S. STRINGER,

President Association.

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TALLAHASSEE, FLA., May 26, 1892.

*J. D. Fernandez, Secretary Florida Medical Association,  
Jacksonville, Fla.:*

DEAR SIR: Business and absence somewhat delayed a reply to your favor of 14th inst.

It is not made the legal duty of the Board of Medical Examiners to report to the State Attorneys the names of offenders under Chapter 3881, Laws of Florida. There is nothing, however, to prevent the said Board from discovering such offenders and reporting their names to the various State Attorneys. It would be perfectly proper for the Boards to do so, and thus protect the interests of the Florida Medical Association. In all cases well founded you will find that the State Attorneys will promptly prosecute them.

I am very truly yours,

W. B. LAMAR,

Attorney-General.

## PRESIDENT'S ADDRESS.

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**GENTLEMEN:** Since our Convocation in Pensacola last April, Divine Providence has seen fit to remove from our midst the honored and esteemed President of this Association, Dr. Thos. P. Gary, than whom none has been more zealous in promoting its interests, guarding its welfare and untiring in extending its scope of usefulness. It does not come within my province in this address to eulogize this truly great and good man, for a committee will be appointed for that purpose; but I cannot refrain from giving expression to the admiration I have ever entertained, both for the man and the devout worshiper of the Goddess of Medicine. This Association has sustained an irreparable loss in his death, for it was his great ambition to see our Society placed second to none in this country.

It is my pleasure to inform you of the healthful and prosperous condition of the Association, and its ever-broadening field of usefulness. The high plane of scientific knowledge which the Association now enjoys as the fruit of arduous labors on the part of the older members, now rests with you to maintain, and even elevate in the rapid progress of all the sciences. We must be both vigilant and aggressive in the care of its as yet tender offspring, the State Board of Health and the District Examining Boards. Of the former, too much cannot be said in commendation of the great and lasting benefit being derived by the whole State, and as citizens of this commonwealth do we not alone profit by the high standard of healthfulness which has been attained, but as factors of this Association receive the honor reflected upon it.

The resignation of President Daniel created a vacancy on the board, which has since been filled by the appointment of Dr. Warren E. Anderson, of Pensacola, who, I feel safe in saying, will prove a valuable member, and of

whom we may justly feel proud, being one of our able and aggressive members.

Of the latter (the examining boards), we are all conversant with the benefits constantly accruing from the vigilance of the various members of these boards, for the stigma which has so long rested upon the fair name of medicine in our State has been partially removed, and we are no longer the common "dumping ground" for incompetents from other States and countries, as heretofore, and as soon as a law is enacted restricting the practice of obstetrics to licensed physicians, our profession will be above reproach.

A paper by Dr. J. C. Neal, of Lake City, read at our last meeting, entitled "Legalized Crime in Florida," struck the keynote to this great evil, and no stone should be left unturned until the heathenish practice of "Grannies" is a thing of the past. And in this connection I would strongly recommend the appointment of a standing legislative committee of three to prosecute such matters as come up in this Association for action.

Our legislative representatives should be made conversant with this appalling evil, not by means of circulars or letters, but by word of mouth, and in most forcible language. Some authority quotes the valuation of a human life in dollars and cents to the government at one thousand dollars, and if this be so, what a fabulous sum is being lost to our State annually. With your permission, I will quote an excerpt from an editorial which appeared in the February number of the Virginia Medical Monthly, apropos of medical legislation, to show what an important place the medical profession holds as a factor in the commonwealth:

"The committee appointed by the Medical Society of Virginia to co-operate with the Legislative Committee of the Medical Examining Board, in petitioning the Legislature to amend the law regulating the practice of medicine and surgery in Virginia, merits the profound thanks of the profession and people for its active and efficient work. In less than ten days after the bill amending the law was introduced in the Senate by its able patron, Dr. Southall, of Amelia County, it had been considered by two committees, had passed the Senate and House with-

out a dissenting voice, was approved by the Governor and became a law.

"The readiness with which the Legislature complied with the request of the profession shows a deep interest in the mission and confidence in the work of the State Medical Examining Board. As a rule, legislators voice the opinion of their constituents, and there is much satisfaction in knowing that the masses, as indicated by the action of their representatives, lend a ready ear and are guided in such matters by the medical profession. Nor is this the only evidence indicating that the effort to elevate the standard of graduation and the tone of the profession generally by divorcing the teaching from the licensing power, is being appreciated as an advance in the right direction."

This, gentlemen, goes to show that we are in a position to *demand* such legislation as we think the profession of the State requires. And not until all stains have been removed can we feel that we have honorably discharged the trust reposed in us as medical men.

The plan now being pursued of having our annual meetings at various points in the State, I think advisable, until all of the cities and larger towns have been visited, when, with increased funds it may be possible, and I think will be advisable, to establish a permanent home in a central location, which will insure a better attendance at the annual meetings, become a nucleus upon which to build a library, and enable members to attend more regularly by economizing both time and expense.

J. HARRIS PIERPONT, Pensacola.

## ORATION.

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### THE WHOLE DUTY OF THE PHYSICIAN.

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DE WITT WEBB, M. D.

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The questions of duty press upon us all. Our right relations to the rest of mankind concerns us all. The entire race is so bound together that we cannot evade, if we would, our obligations to every son and daughter of mankind with whom we may be brought in contact in any degree. Indeed, our own conduct may influence many whom we may never meet, so that the question and answer as regards our own duty may sometimes have a world-wide effect.

The stress of duty may vary with the calling of men, and those callings which bring men into intimate relations with other men must draw the lines still closer, and render more imperative the commands of duty toward others.

When, therefore, we consider the whole duty of the physician, we must consider it as concerns society, his brethren of the profession, his family, and himself.

The physician stands in more intimate relations to other members of society than either the lawyer or the priest. Human hearts and human lives are more completely opened books to him than to the members of the other professions. The springs of human action are often more clearly shown to him than to the lawyer, and he listens to a more complete confession than the priest.

This duty to society has been recognized from the earliest ages, and, as embodied in the oath of Hippocrates, can suffer no relaxation with the advance of time, but rather requires a more watchful observance amid the stress of modern life. It belongs to and requires the highest conception of a man's relation to society in general, as well as to those who may come under his professional care. As a member of society and the State, he is

always to be ready to do his duty as an intelligent man and patriotic citizen. There are no duties or requirements of citizenship to which he should not give his cheerful and intelligent attention in business, social life, or politics.

In society to-day there is vast need of the highest intelligence to lift it up to a higher plane. The leavening power of a high intelligence, exerted in any direction, in any community, cannot be over-estimated. It is a living force, which the members of our profession have never exerted as they ought. To raise the level of men's thinking is to elevate men more rapidly than in any other way. Indeed, it comprehends the most of it. No one has said it better than Paul: "As a man thinketh, so is he." If you raise the thoughts of men, you have lifted the men themselves.

The influence of a thoroughly cultivated man, and one who yet feels that to him is the whole world akin, aggressive in his intelligence, is felt more widely and more deeply than he himself is apt to imagine.

One of the modern projects commanding a wide attention, and likely to prove of immense benefit to thousands, is what is known as university extension—a scheme by which the most cultured men in many lines seek to put themselves in close communication with the multitude of men, and give them the benefit of that profound knowledge that, until now, has been thought to be the property alone of the scholar in his gown, and whose temple is the guarded hall of the academy.

Listening thousands are to-day ready and eager to hear the preaching of the gospel of knowledge. Its wide promulgation will lead to higher thinking and so to higher living.

As there is no royal road to knowledge, so is knowledge not a royal heritage alone, but its treasures are for all mankind. The physician stands toward society as its chief adviser in all matters pertaining to the public health, and when we remember how all else of what goes to make up human happiness and prosperity is dependent on the proper sanitation and consequent health of men, and how misery, poverty, disease and death often follow the neglect of its teaching, how many great cities

of the world have been depopulated and all commerce destroyed by the deadly progress of an invisible foe, whose stealthy approach none could see, and whose warning note none but the physician could hear, when ships lay idle at the wharves, and grass grows in the once busy streets and along miles of the iron rail, when commercial disaster follows close upon the heels of the pestilence, and black ruin stares a great community in the face, then is the mind of that community called back to the warning voice uttered long before by some physician, some teacher of medicine, and the bitter lesson has been taught of the consequences of neglected medical advice.

It is certainly a matter of astonishment that men should exercise so little common sense in the vital matters of the public health. The physician has, however, the consciousness of having done his duty.

As to the greater part of sanitary science, it ought to become the common property of the world.

The plain lines of duty run straight, unbent alike by popular clamor or popular applause.

The claims of his brethren come next. His duty to those who belong to the same profession as himself is of the highest, and, as in all the higher relations of men, calling for the exercise of the best and highest attributes of humanity. Among a profession, when all else is subordinate to the prevention of disease and the care and cure of sick minds and sick bodies, and whose lives are spent in the observation of the open hearts and lives of mortals, there should be towards each other the most generous and kindly feeling, which itself makes a code of ethics not to be disputed or avoided.

Some may rail at the published code of ethics as being needlessly strict, and yet what provision of it could be abolished without disaster? It is but the common law of many generations of those who have pursued a noble profession, and there can never come a time when its provisions will become of no effect, any more than can the principles of the common law be abrogated in ordinary jurisprudence, because they are founded in fundamental necessity. We should never forget that we are all brethren, laboring often thanklessly for the good and

well-being of others, and as our own relations to society enter into all that is best and holiest, so should our conduct toward each other be always on the highest plane.

As we witness so much of evil and know better than most others "the moving why they do it," so let our charity go out toward each other when the stress of great necessity calls for the exercise of the greatest charity. Majendie once said, "The pursuit of science is marred by all human passions;" and so, sometimes, we all feel, yet, after all, can it not be truly said that in the main the profession of medicine stands shoulder to shoulder?

From the moment the eyes of the infant are opened upon the world, until the day they are closed forever upon its sunlight and its storms, the doctor stands ever the closest adviser, to whose ears all secrets are told, and whose brave sympathy is expected to share all troubles of men and women whose hearts break unless they are relieved by the telling of their tale. How often does it come to him to lift the cloud that has hung like a pall over the life of some unhappy son or daughter of Adam, and to lead them into the sunlight, when all others have failed. For his sympathies have grown to be of the widest, and his studies have led him to learn very much of our common humanity, and to observe how little difference in the last analysis lies between the saint and the sinner, between the lord and the peasant.

My brethren, let this wide charity fill your hearts as towards your brethren of our profession.

Then comes his duty to his family—to those bound to him by the closest of ties. No stress of public duty, however urgent, can ever be allowed to interfere with the sacred duty a man owes to those bound to him as his own. Around this center all the world revolves, and to it and to the happiness of those within it should all the world bring tribute. It is for those who are, in a great degree, thus dependent on him that he should see to it that his services are properly paid, and the standing reproach against the profession be removed.

His duty to himself: After all it comes to this; the highest of all earthly duties of a man is toward himself;

"to thine own self be true, and it follows as the night the day thou cans't not then be false to any man." A man's full duty to himself, well done, and all the rest follows. A thoroughly cultured intelligence comes with it, not alone an ever new and inexhaustible spring of pleasure to its possessor, but stimulates all who come within the sphere of its influence. The brain that is ever growing in knowledge of books, and men, and nature, whose vision is bounded alone by the universe, becomes, as the years go on, more and more the stimulus of other minds. No man has greater need to drink, and drink deeply, at all the fountains of human knowledge, than does the physician, for it all bears upon humanity, its health, its disease, its happiness, and its troubles.

A wide intellectual vision often enables its possessor to look at things near by with more perfect sight, for all departments of human knowledge are wide if we but so understand them; and some of the simplest are the most profound. We sit down to study what may at first appear some little thing, and behold it expands and stretches away until its horizon is lost in the distance.

The training of the heart would appear to be itself a part of the development of the character of the physician inseparable from his calling. He comes to measure all the heights and depths of human joy and human sorrow, and his own heart grows larger and beats with a truer sympathy for all mankind.

A large heart and a large brain, to whose culture and expansion his daily life and business adds each day, and with his whole duty well done toward himself, his duties to all others shall be easy.

Let all narrow-mindedness be banished from our profession, and let us rise to know that we are citizens of the State, true to all our duties to the State, to society, to the members of our own profession, to our families, and, above all, as comprehending all in the best sense, to ourselves.

## SOME OBSERVATIONS ON TYPHOID FEVER.

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BY WARREN E. ANDERSON, CHAIRMAN OF THE SECTION ON  
MEDICINE.

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**GENTLEMEN**—As chairman of this section I was not a little surprised that none of the members of the Association had volunteered a paper upon this important subject, especially in view of the growing interest in the disease, on account of its increasing prevalence amongst us. An excuse for this may possibly be found in the fact that every medical journal in the land is teeming with articles on typhoid fever, the distinguishing characteristic of most of them being the attempt on the part of the authors to prove that their particular line of treatment more nearly approaches specificity than another, and is the only method worthy of consideration.

I shall not attempt to advance anything new on the etiology of this disease, believing as I do that the theory of its bacillary origin stands to-day as irrefutable as the laws of gravitation. That the dust and dirt of streets and households gaining access to the various articles of food and drink act as bacilli carriers, are, in my opinion, the most frequent factors in the production of the disease in its sporadic form; pollution of the water supply of cities and towns is probably the most potent factor in the establishment of the disease in its epidemic form. That these causes, as sources of infection, can in most cases be removed, is easily within the limit of human possibilities; obviously then it follows that the destruction by burning of the dejecta of typhoid fever patients, the sprinkling of the streets of cities and towns, the collection and destruction of the offal therefrom, and a rigid servitude of household cleanliness may materially conduce to the health and prosperity of the community, and firmly believe that with the higher education of the masses in sanitary matters, this disease will soon become a clinical curiosity.

Whether the disease has become more frequent amongst us during the past ten years, or whether we have become more expert in its diagnosis, I am not prepared to say, but I am inclined to the opinion that its prevalence is much greater than formerly. That it is even more prevalent than many will admit I am assured; some seeing in it the now obsolete typho-malarial fever, and others, in mild cases, only the simple continued fever. To state that this affection is not always easy of recognition, is simply to affirm a truism, but I believe it to be *more* difficult of diagnosis, except in epidemics, than any other acute disease. I have seen cases develop with the suddenness of an apoplectic stroke, and others in which a diagnosis could not be affirmed with certainty under ten days. Clearly, then, there can be no pathognomonic symptom attending this disorder.

It has been my experience that the so-called classical symptoms are rarely, if ever, found, and when seen are almost worthless for diagnostic purposes—unless we except the attendant diarrhoea and tympanites. These I consider of great value, and I do not believe there has ever been a case of typhoid fever unattended by one or both of these symptoms at some time during its course. The diarrhoea may last but a short time, and the tympanites be confined to only a small area in the right hypogastrium, but, as far as I have been able to observe, their presence has been manifested in every case. I have heard the "iliac gurgle" but once in ten years of active practice, and I have often wondered why the attending physician in that case should have resorted to such a dangerous manipulative procedure for the purpose of confirming the correctness of a diagnosis, the truth of which could not have been questioned. I have observed the petechiae only twice in a large number of cases. The appearance of the tongue is a very deceptive and unsafe guide. I have seen it moist and soft up to the end of the second week in some severe cases, and red, furred, sharp and dry in other cases, which progressed favorably.

Bronchitis has been present only in a small per cent. of my cases, and intestinal hemorrhage has occurred only in four patients, all of whom recovered. High tempera-

tur for a short time— $104^{\circ}$  to  $106^{\circ}$ —at the beginning of an attack, does not necessarily affect the prognosis unfavorably; but there can be no doubt that a constant hyperpyrexia for a length of time materially lessens the chances of recovery.

I would condemn the use of antipyretics in every case until the temperature goes beyond  $102^{\circ}$ .

To map out a line of treatment is a most difficult task, as I make it a rule not to treat the disease, but the existing conditions as I see them, and probably we have no two cases so exactly similar as to warrant us in applying the same treatment to both. The disease being pre-eminently a self-limiting one, it has occurred to me that all attempts to abort it are unnecessary and positively injurious.

• Calomel, not alone on account of its antiseptic properties preventing the rapid decomposition of the *ingesta* and its power of exciting the activity of the glandular system, but furthermore, by its decidedly stimulating effect upon the kidneys, thereby hastening the elimination of the poison from the system, is one of our most valuable agents. In minute doses, cautiously administered, I have given it throughout the entire course of many cases of typhoid fever, with the most gratifying results in every case.

The oil of turpentine as an intestinal antiseptic is, in my opinion, superior to salol, hydronaphthol or any of the recent remedies proposed to supplant it. When properly administered I have found that the most delicate stomach soon acquires a tolerance of it. Quinine in this disease is of unquestionable value, but, for obvious reasons, I must protest against the practice, resorted to by many, of keeping the patient cinchonized for two or three weeks. Antipyretics I do not employ unless the temperature rises above  $102^{\circ}$ . Of the score or more of them I prefer anti-kamnia as being the safest and most efficient. Cold water, sponging of the neck, face and upper extremities, is useful to many patients, and I do not prohibit its use. Hot water *enemata* I have used in ten cases recently, though in much larger quantities than advised by Geissler, and I can affirm that I have been more than pleased with the results in each case; and I consider this method of

flushing the colon, as an adjunct to the general treatment, a most valuable addition to the therapeutics of the disease. The imbibition of copious draughts of water (not warm, as advised by Debove) I have tried, and feel that I was fully repaid for the experiment. Milk (preferably boiled), with the freshly expressed juice of beef in sufficient quantities, should furnish the requisite amount of nutritive material for the system until convalescence is assured.

With a strict attention to detail, a close and careful supervision of the patient, I am sure that this dread malady can be robbed of half its terrors; but I can as yet hardly subscribe to the remark of the eminent Frenchman who said that "when he heard of the death of a young person from typhoid fever he shuddered, because a murder had been committed."

WARREN E. ANDERSON.

## OPHTHAMOLOGY AND THE GENERAL PRACTITIONER.

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J. HARRIS PIERPONT, M. D.

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The subject matter of this paper scarcely justifies the use of such a broad and comprehensive title as above, for certainly volume upon volume could be written upon such a fruitful theme without exhausting the supply in the least, yet there are many points intended to be set forth touching the very close relationship existing between ophthalmology and general practitioners, bearing upon the latter particularly.

It is a generally acknowledged fact that the recent rapid strides made in the science of medicine have been due principally to the exhaustive study and research of the specialist in their various branches.

There scarcely exists a town of five or ten thousand inhabitants, certainly not a city, which cannot boast of a specialist in some line of practice, which tends to prove that the laymen are awakening to the benefits derived from physicians more skilled in particular branches of medicine and surgery than the general practitioner, and are awarding them the proper recognition.

Now to refer to the opposite side of the subject, and that which is the purpose of this paper to discuss, namely, the many evils accruing from this very same "specialism," if I may so designate it.

Few medical students while attending the regular prescribed course of lectures ever give "specialism" a thought, but devote all of their time and energies to general medicine as they should do, and with this result. They begin the practice of the profession wholly unprepared to diagnose, or intelligently treat such diseases as come within the domain of the specialist, knowing full well that if unable to cope with them, the specialist is near at hand to relieve them, as they suppose, of responsibility. There

is then little or no incentive to impel them to pursue the study of the more common special diseases.

So far, I have spoken in general terms of "specialism," but now I shall confine my remarks exclusively to ophthalmology, the first half of my text.

The opportunity has been afforded me in the last few years of observing how little the general practitioner really knows of the most common diseases of the eye, and how many cases could be successfully treated and eyes saved, which are otherwise lost long before they come under the specialist's care. It is not my purpose to convey the impression that the general practitioner should be conversant with all the diseases and defects of the eye, for that would be an untenable position upon the very face of it, but I do maintain that he should, and it is his duty unquestionably, to be able to manage all those diseases, particularly of acute and inflammatory nature, which the structures anterior to the crystalline lens are subject to, no special instruments or apparatus, as a rule, being necessary.

I will enumerate, briefly, the most common diseases which are presented for treatment, and which, unless recognized, the treatment is most unsatisfactory, and the result often fatal to the eye.

Of the various diseases of the lids there is only one requiring special mention in this connection, namely, blepharitis, it being more than useless to prescribe the ordinary astringents. Patients, particularly females, will never forgive the physician who is responsible for the loss of their eye-lashes, and consequent disfigurement for life, yet how often the simple astringent course is pursued until the patient finally reaches the oculist.

Leaving the lids we come to the conjunctiva. And it is here where the general practitioner can save the greatest number of eyes, for it is the various forms of conjunctivitis that the family physician is most frequently called upon to prescribe. Simple muco-purulent, or contagious conjunctivitis, usually receives the proper treatment, but it is the so often fatal purulent, or gonorrhœal ophthalmia, and ophthalmia-neonatorum, which are not recognized as such or fail to receive the constant and pains-taking

attention required. I cannot too strongly emphasize my remarks in referring to ophthalmia-neonatorum, for the asylums for the blind can tell a sad tale of the hundreds of unfortunate children who are inmates of these institutions because of the culpable ignorance of the physician who failed to recognize the specific nature of the ophthalmia, and quietly allowed this most virulent inflammation to pursue its destructive course unchecked. I say unchecked, because I do not consider a weak nitrate of silver, acetate of lead, or sulphate of zinc solution the slightest obstacle, these being the remedies most frequently prescribed. And it is a well established fact that this is one affection which responds most readily to treatment, when seen in its incipiency, the vast majority of cases pursuing a favorable course while the converse is the rule when left to run an uninterrupted or unmodified course.

While some inflammations of the cornea are so destructive to that tissue, others are attended with really little danger, making it highly important that a differential diagnosis should be made, and at an early stage of the disease.

The practice of treating syphilitic and rheumatic keratitis by using local measures alone, would be considered absurd in this enlightened age, and yet I regret to say that it is a most common practice.

In discrete ulcerations of the cornea, discriminative knowledge is imperative in the use of atropia and eserine, where there is immediate danger of perforations. These remedies are not only improperly used, but are seldom employed at all except by the oculist.

Inflammation of the iris, whether idiopathic, traumatic, or symptomatic, are none the less important than the foregoing, as they are so often mistaken for forms of conjunctivitis, and astringents employed accordingly, adding fuel to the flame. Constitutional treatment, so highly important, rarely or never receives any consideration whatever, unless other manifestations of specific disease have made their appearance in other portions of the body, in which case the iritis is unintentionally provided for, by appropriating to itself a portion of the specific remedies.

There are other pathological conditions anterior to the crystalline lens of less importance, but with which the general practitioner should have at least a speaking acquaintance.

Errors of refraction which cause congestion of the visible blood vessels have not escaped the astringent treatment, being mistaken for conjunctival inflammations.

In closing these remarks I do not wish to be understood as antagonizing "specialism" in any or all of its branches, but merely to point out some of the evils which exist in ophthalmology as a specialty, and bring home to the general practitioner a duty which he owes to his patients, his God, and himself.

## ON THE ADMINISTRATION OF DRUGS.

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BY M. KENNEDY, M. D., BARTOW, FLA.

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The scientific practitioner need not necessarily be capable of pushing scientific investigation beyond what is already recognized as established doctrine, but he should be endowed with a clear comprehension, good reasoning faculties, and be thoroughly grounded in the literature of his profession. But this is not all: he must be a close observer at the bedside, capable of making proper use of his knowledge in the investigation of disease and in the application of his remedies.

The safe practitioner is not the man to grasp at every new idea, nor administer every new remedy which comes teeming from the medical press. He prefers to withhold such until its claims are properly investigated by observers qualified by their scientific training and the collateral advantages which they possess. As a precaution, every remedy should have its proper rank as a therapeutic agent before being taken up by the profession generally.

There is one great error into which some practitioners are prone to fall, namely, that of relying too much on some one author and practicing rigidly after his teaching. It must not be forgotten when a talented author departs from what is considered safe and established usage, that it might not be safe for the average country practitioner to follow. The surroundings of these writers, located as they are in the great centers of the world, and of the country doctor, are quite different. They have facilities at command and possess talents to at once see and correct any evil effects which a certain plan of treatment might have, which are not in our possession. Again, the treatment which might be adopted in a large hospital, with trained nurses to observe its effect, might not be safe to adopt for the country patient, who is not seen oftener than once a day.

The tendency of the profession to run wild on some one subject or remedy, is unaccountable. We know that at one time it is some one remedy, and, at another, something else. At present, every disease is malarial, and the cure-all is quinine. I have often wondered what physicians do in countries where there is no malarial fever, and how they manage to name their diseases. What would we do in this country without malaria? How much at a loss we would be in making our diagnosis.

I was forcibly impressed at what I heard—and saw in a few instances—in the treatment of yellow fever during the epidemic of 1878, at New Orleans. One physician would give his patient a drachm of quinine per day and declare it to be the all-important remedy; another, with equal success, would give none, and declare quinine to be pernicious. The only rational conclusion which can be drawn from such conflicting testimony is that both were wrong—the indication for the proper use of quinine may present itself in any disease.

There never was a sounder doctrine enunciated on the administration of drugs than that by Dr. Warren Stone, Sr., of New Orleans, in an article written, I think, in 1866, on cholera. This eminent man condemned the practice of cramming the patient with drugs, but suggested that a little medicine, given at the proper time, and at proper intervals, might assist nature in turning the scale in favor of the patient. It is true when life is in imminent danger the physician may become demoralized and use his remedies with unsparing hand. But it must not be forgotten that at these critical periods it may become necessary to administer medicine even in diminished doses; indeed, the dose which the system might tolerate when the functions of life are more actively carried on, might be productive of serious consequences when some vital function is, as it were, struggling for existence; then it is that a large dose of opiate, quinine, or some other powerful drug might induce such disturbance of the vaso-motor nervous system as to result in failure of the heart's action.

The practice of prescribing powerful drugs, such as aconite, veratrum viride, etc., in large doses, and in neg-

lecting to see the patient oftener than once a day, is, I think, a dangerous one. Whenever a powerful drug is prescribed and its administration entrusted to an inexperienced nurse, the physician should see his patient as often as it might be necessary, to prevent evil effects.

In the administration of the pure drugs, the practitioner should never be off his guard. There is a great deal yet to be learned, even by the best informed in the profession, in regard to the effect of drugs on the system under varying circumstances. Age, habit, constitution, and idiosyncrasy, must all be taken into consideration. The large and apparently robust, in the downward path of life, are very susceptible to evil effects from large doses of medicine. There is a tendency in such persons to sudden death from disturbance of some vital organ, resulting in passive congestion, and this, I believe, is often brought about by over-dosing.

There is one fact which has impressed itself forcibly on my mind, which no doubt will be disputed by many, that opium will poison—cause death—without producing profound sleep. Whenever, in the administration of opium, the patient's pulse becomes small and frequent, and the extremities cold, no matter how rational he may appear and converse, unless you can attribute the symptoms to a well defined cause, suspend its use, as it is probably having a poisonous effect. I can recall to memory a patient—a lady, in the case of a physician with whom I was in consultation—to whom large doses of opium had been administered. She did not appear to be narcotized, as she talked fluently and was perfectly rational; but at intervals she dozed for a moment or so, and then showed evidence of some profound, unnatural impression; the pulse became small and frequent, the extremities cold, and this coldness gradually extended over the patient until life was extinct. During all this time, up to a few moments before death, she conversed with her family. I believe this to have been a case of opium poisoning, without cerebral narcosis, which resulted in paralysis of the vaso-motor nervous centers.

Chloral hydrate, as all other powerful drugs, can claim its victims. But thanks to the labors of the profession,

its therapeutic indications and proper administration are now more clearly understood. I will give you a case which came under my observation some years ago. It never has been quite clear to my mind but that this drug might have had something to do with the patient's death.

Doctor J., about thirty-five years of age, of intemperate habits, was taken sick with what was regarded as congestive fever. He was, at the commencement of his attack, found in a state of collapse, but by hot mustard baths, friction, etc., reaction was restored. For several days subsequently his condition was considered critical; he was dosed with quinine, morphine, whisky and chloral, but as his stomach was irritable and did not retain medicine well, the quinine was used hypodermically. This caused a number of small ulcers on the upper and lower limbs from sloughing of the tissues at the site of injections. He complained of pain in the lower limbs, and of tenderness along the course of the blood-vessels running from the site of the ulcers. One of his limbs was so painful that he had it suspended from the ceiling. In all other respects he seemed, after a few days, to have improved, and strong hopes were entertained of his recovery. A short time previous to his death he was seen by one of his physicians who considered him to be doing well. He complained much of his limbs, however, and requested a sufficient amount of chloral to produce sleep. About ten grains of the drug, from a large bottle which was in the house, were given, and another ten-grain dose was prepared, with instructions to his wife to administer it in an hour's time in case the first dose did not have the desired effect. A short time after the second dose was given his wife became alarmed at his appearance, and sent for the physician. When he arrived, however, life was extinct, and all efforts at resuscitation proved futile.

In considering as to what the cause of death might have been in this case, it is difficult to arrive at anything conclusive. It might have been the same which produced collapse in the beginning of the attack, or embolism resulting from the various ulcers, or collapse from nervous exhaustion. But the idea forced itself on my mind that it might have been due to the chloral. If so

(provided the doses did not exceed the quantity stated), it is the smallest quantity on record producing death, and could only have been possible on the assumption that the system had been already saturated with the drug. The elevated temperature which remains after death, and which is so characteristic of poisoning by chloral, was not observed to be present.

The British Medical Journal, commenting on the death of Dr. Mercer, from chloral, points out that scientific opinions incline to the view that chloral hydrate, when taken continuously for some time, even in moderate doses, exercises a paralyzing influence over the vaso-motor nervous system, and leads to failure of the heart's action. This effect may occur suddenly, without any serious warning, and it is thought not improbable that in some cases in which it has been assumed that because death supervened an excessive quantity of the drug had been taken, the assumption has been groundless. It may have been that the ordinary dose had been adhered to, but that the cumulative weakness which its oft repeated action had induced ended in the stoppage of the vital process.

Quinine, that much abused but invaluable drug, has its history. It would be inconsistent to assume that so powerful a drug as quinine could be administered in such unmeasured quantities without producing evil effects. True that its power for evil is exceedingly feeble when compared with the more poisonous drugs. When given in large doses, however, it affects the system profoundly. I have seen it when pushed to excessive quantity produce morbid effects, which were of serious import. It may produce permanent deafness and impairment of vision. I have seen a case of acute mania caused by its excessive use. In critical conditions there is danger, I think, when it is given largely, of disturbance of the nervous equilibrium, paralysis of some of the nerve centres, and failure of some important vital function.

#### DISCUSSION.

Dr. DuBois—I move that Dr. Kennedy's paper be referred to the Publication Committee.

Dr. Daniel—I second that motion; but it seems to me that this paper is so practical, and so full of interest to us

in our life-work, that it would be profitable and instructive to discuss some of the points and express our views. I presume that there are none of us who have not been made to feel that when we first began our work in the field, as practitioners of medicine, we were mistaken in supposing we were taught too much of an exact science. The theoretical administration of drugs, and the practical administration of them, as we are taught by bedside experiences from day to day, unfortunately do not always agree, and I think it is as important to know when not to give medicine as when to give it. Dr. Kennedy rightly touches the note of warning against this falling into either extreme, that of not doing enough or that of feeling that we have only to name a disease to revel in drugs.

Dr. DuBois—Dr. Kennedy touches on chloral. Chloral was first brought into the notice of the profession in America in 1870. Dr. Jacobi was the first writer, he furnishing an article before the New York Medical Society. He was visiting physician of the hospital I was connected with at that time. I took forty grains at one dose myself, and had no bad effect from it. Three days after that, at the recommendation of Dr. Jacobi, I gave it to a child two years old. There was nothing the matter with the child, only it had not gone to sleep as early as it ought to. Dr. Jacobi recommended two grains every fifteen minutes until the child should sleep. It was weighed out, and one dose was given without any apparent effect, and I was called out five minutes before the next dose was to be administered, but I left directions to give it at 8 o'clock with the nurse. She gave it at 8 o'clock, and the child died in less than three minutes. Not a great while after that a man died in Charity Hospital from a twenty-grain dose. That I did not see, but it was reported at the time. Since then I have been very careful about giving hydrate of chloral.

Dr. Oglesby—I am not particularly struck on hydrate of chloral, but my experience has been pleasant with it. I have used it ever since I have been in the profession, and I very frequently use it in cases of delirium tremens. I have sometimes given as much as sixty grains of hydrate of chloral before I got any effect at all from it in

cases of extreme nervousness coming from drinking habit. But in all other cases in which I have used it I have never used more than fifteen-grain doses, repeated in twenty minutes if I got no effect from it, and then I never give beyond sixty grains at a time.

Dr. Rush—I have had no bad experience from hydrate of chloral. I think Dr. Kennedy and Dr. Kennedy's article sounds a timely note for the profession in regard to the administration of medicine. I have been well entertained, and my experience backs up much of the truth of what he has said, and the longer I practice medicine the more I am convinced that treating a disease simply by name, in the place of treating it symptomatically, is the cause of a great many of our troubles. When we undertake routine treatment of diseases we are likely to over-dose our patients. I must confess that I have given, at times, too much medicine, and I have sometimes had best results by withholding medicine. I heartily agree with Dr. Kennedy in his remarks about quinine. Quinine has become a household remedy, and we scarcely realize, from constant use, that it is not harmless. I am convinced from experience and observation, that its excessive use produces effects as evil as those caused by many more powerful drugs.

## CIRCUMCISION.

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*Mr. President and Gentlemen of the Florida State Medical Association:*

I have chosen as the title of this paper one of the most time-honored of all subjects; one that has headed many a thesis and been discussed times innumerable; one that seems to have been long ago exhausted by reason of the age of its introduction into medical and surgical literature and by the seeming simplicity of the operation. But is it exhausted? Is there no room for improvement upon the operation in its details as it is now practiced? I answer no—emphatically no—to the first question; yes to the second, and I feel that in this I voice the sentiment of many, if not all of you gentlemen. For while every other branch of science and art has been progressing, surgery has not been left behind in the grand march forward. In fact, it has made more rapid strides onward toward perfection than any of the sciences, especially within the last decade or two. And, simple as this little operation is, it is capable of being improved upon, in order that more satisfactory results may be had.

The history of circumcision dates far back into the era of the old world. We find it practiced by the Jews as a religious rite, and also by the ancient Greeks and Egyptians. Among the Jews the male child was not presentable before God until after the performance of this rite. And as we now swear by the Bible, or with hand raised to heaven, so the ancient Egyptian swore by heaven and his circumcised penis, looking upon his circumcision as a work of honor and evidence of morality and religion.

To-day we meet with advocates of general circumcision, but how different the object in view. When I come to assail this wholesale cutting off of foreskins, I shall dwell more upon this "object in view." In consideration of this subject, there are three points that I wish to dwell

upon in particular, which will necessitate the division of the paper into three parts, or sections.

*In the first place* I wish to point out the important role that this operation plays in the curative treatment of a class of nervous diseases that follow as sequellæ to local affections, the primary cause of which is subprepuclal irritation—chancre, chancroid, adhesion of prepuce to glands, presence of calculi underneath the foreskin, etc.

*Secondly*, to raise a voice against the idea that some surgeons have, that every prepuce that covers the glands should be cut off, without respect to the conditions present that may demand its removal, or enter a plea for its natural position. And

*Thirdly*, to offer the details of the operation as I think it best performed. And I shall consider these in the order given above.

Pursuing, then, the thoughts suggested in first point, I claim that there are many affections, nervous in their nature and manifestations, that follow as sequellæ to purely local disease of the external organs of generation, the primary and exciting causes of which local disease is continued irritation of some part or parts of these organs, and which nervous affections can be successfully treated only by correcting the local conditions which are the principal etiological factors in the case.

Extreme nervousness, spasms, convulsions, followed often by paralysis, partial or complete, are troubles that grow out of and are caused by irritation of these parts. And in several instances, in treating nervous diseases, have I been able to trace the causes directly to this locality. One case selected I report that fortifies the ground I take:

Upon a certain occasion I made a visit into a rural district, quite a distance from the little town in which I was then practicing; and while in this community was called to see a little boy who had "strange spells," as the father said. Upon my arrival at the home of the sufferer, I found the mother, whose features told tales of anxiety and care, sitting, holding the little one in her arms. He was an object of pity; pale face, pinched features, eyes dull and retracted into the sockets, emaciated (or rather

undeveloped) in limbs and general muscular system. History of case revealed the following:

Two years before this the little fellow, then two years old, began to show signs of failing health; his appetite became poor; his nights were spent in rolling and tossing in bed, uttering an occasional cry; was very nervous; easily excited. Nervous symptoms grew worse and worse until spasms were developed. These were light and infrequent at first, but became more severe as well as more frequent. This led the father to consult a physician. He (the doctor) said that "worms" was the trouble; gave a worm powder and sent patient back home to be treated. No improvement. Another, and still another physician was summoned, but they failed to give any permanent relief. Parents despaired and decided to wait. The spasms developed into violent convulsions and grew more and more frequent.

I was called in, as stated above. My first thought was to examine the genitals. The father said that the trouble was worms, and that the "privates were all right, except a little sore from rubbing." I told the mother to uncover the genitals, which she did reluctantly. A glance was sufficient. Prepuce was long, thickened and inflamed and a very narrow orifice. A gentle touch caused the child much pain. I felt three calculi behind the corona glandis. I told the parents that this was the cause of all the trouble, and that I could cause the child to have a fit when I wished. They seemed to doubt it, and I thereupon exerted some pressure upon the glands with thumb and forefinger. The convulsion followed immediately. This ended my fit-making for the day, for those parents so dreaded these outbursts of nerve action, that I didn't get my hand on that child anymore.

I, of course, advised circumcision. They (the parents) feared the ordeal, and denied the child the only means of a cure. I did nothing more except to tell them that if they would submit, I could cure the child. I never heard any more of the case.

In this instance we see that really serious conditions followed as sequelæ to this continued irritation of the

glands and prepuce. And other cases have come under my observation that developed symptoms more distressing still—those of partial paralysis, or the tonic contraction of a muscle, or sets of muscles, that resulted in the crippling of the patient for life, and producing hideous deformities.

Doctors, look well to these organs in your investigations into the cause of disease in children, especially if there are nervous manifestations. For the good of humanity and the glory of our beloved science, let me beg you to be thorough in your examinations, untiring in your efforts to locate the true and primary cause of disease.

In cases like the above, all medicines are total losses, except for temporary relief, and he who jumps at conclusions, calls the disease fits or epilepsy, and gives sedatives and antispasmodics and retires, will also retire from the deserving confidence of that people, and find his skill and his glory eclipsed by that of one who may be his inferior in a point of general ability, but who has sense enough to examine his patient and see what can be seen with eyes half open, and proceeds as common sense dictates.

*Secondly*, I wish to be understood as opposed to this wholesale business of circumcision. It is not every long prepuce that needs be removed, and he who slashes with his knife at every foreskin that he finds in the line of duty, performing the function assigned to it by Dame Nature, is guilty of an error deserving of reproof from the fraternity as well as from the people.

Advocates of general circumcision will bring in the pleas of religious rites—cleanliness—reduced liabilities to venereal infection. The religious rite question I leave with its advocates. As to personal cleanliness, there is nothing more desirable than this, but does the condition of the parts preclude cleanliness of the organs? If so, operate by all means; otherwise, let the foreskin alone, and keep clean by retracting and washing.

The plea of reduced liability to venereal infection, I grant, is a good one. They hold that removal of prepuce and laying bare the glands prevents the retention

of poisonous secretions, and so develops the mucous membrane as to make it less apt to absorb the poison. This is true, but is there no other means of preventing this accident? It seems to me that care in observing rules of hygiene and morality would ordinarily suffice as preventives of these dreaded complications. Nature furnished this covering to protect this delicately constructed and sensitive gland. And should this protection be removed, unless absolutely necessary? Of course, the mucous membrane will develop into a thicker and tougher membrane and protect to a degree, but in my opinion it will not perform well the part of a prepuce.

Now, there are cases in which nature has not done her work in a manner that will be best for the person concerned, and interference becomes necessary and circumcision must be done.

Narrowing of the prepuclial orifice—phymosis—inflammation and thickening of the foreskin, adhesion of prepuce to the glands, anything that prevents retraction of prepuce beyond the corona glandis, makes the operation of circumcision necessary. Presence of chancres, chancreoids or calculi, makes it a necessity to retract the foreskin that treatment may be successful. If the operation is indicated, it is criminal to neglect it. It is the rule of operating upon and removing foreskins without respect to the conditions present that I object to.

Having looked well into the case, if you decide that an operation is in order, perform it. And this brings us to the *third* consideration, that of the operation itself.

After having made ready for the operation, the first thought should be to determine how much of the foreskin should be removed, and cut away no more, no less.

Common sense teaches that that portion of the prepuce that lies in front of the crown when that organ is at rest, and no more than this should be removed; and in order that just the amount should be cut off, it is well to make a mark upon the organ while at rest, which line should correspond with the crown, made from the center on upper surface toward the frenum. If clamp is used, adjust it with respect to this line; if not, follow the line in making the incision. Then, with finger and thumb,

or with forceps, seize the prepuce at or about the point of juncture of skin and mucous membrane and perform traction sufficient to draw the foreskin forward until the line for incision will lie well in front of the glands. This, of course, is practicable only when the prepuce is normal and when no adhesions exist. I exert traction in this way in order to prevent the rolling inward of the skin, which occurs when the foreskin is grasped between thumb and finger and pushed forward.

Having performed traction, the clasp should be applied. As to the clasp to be used, I shall, without hesitation, advise the use of the fenestrated forceps of our grand old father Ricord, which is herewith shown for illustration and explanation.

The long blades of this forceps—the fenestrae—the groove upon the surface of the bar that bounds the fenestrae on the sides, the length and strength of the blades, the double catch for fixation in either moderate or forcible compression, all make it an instrument peculiarly fitted for use in this operation. The clasp should be applied, not transversely, but so that the clasp shall lie in line with the long axis of the body, pointing downward and outward. The flattening of prepuce will be vertical instead of transverse, as in the usual mode operating.

After applying clasp in this manner the knife may be placed within the fenestra, and the cutting done without the possibility of an accident, or of cutting more off than was intended.

One advantage that Ricord's forceps have over any other that I have seen is this: The grooved surface of the bars compress the tissues very firmly, and if allowed to remain in position for a short time—which may be done without causing any bad or undesirable effects, all hemorrhage may be prevented.

And, in some cases, when prepuce is thin, and the patient small, this compression may so unite the skin and mucous membrane as that a suture will not be necessary, the parts adhering firmly and permanently.

In operating upon adults, the mucous membrane covering glans should be pared; not too closely, however,

but allowing at least a quarter of an inch to remain for the reception of suture. As to suture, I much prefer very small catgut, and a continuous suture.

This operation, as briefly outlined, is practicable only when parts are normal, or nearly so. Adhesion of prepuce to glans—phymosis—narrowed orifice do not materially change the mode of procedure. If, however, foreskin is thickened by the deposition of inflammatory material, it is impossible to proceed as per above; in which cases it becomes necessary to slit up the prepuce in the middle line above the glands, and to a point over the corona glandis and remove the prepuce in two sections, cutting from the middle toward the frenum on both sides.

At the close of the operation I much prefer a dry dressing, using odoform freely, and bandaging well, leaving the way clear for passage of urine without removal of dressing. Allow the first dressing to remain in position for three days, after which remove, cleanse thoroughly, treat as any other open or incised wound.

Gentlemen, I have given some points of the operation in detail; others I have not mentioned. In this paper I have touched only upon certain points; they are those of particular interest to me, for the reason that in these particulars I depart from the usual *modus operandi* in practice.

ANGUS A. GILLIS.

#### DISCUSSION.

Dr. Oglesby—I would like to take issue with my confrere as to the little importance of this operation as giving immunity against venereal infection. We all know that this is one of the great evils we have to overcome, and in my opinion circumcision is one of the surest means of preventing syphilitic disease.

Dr. Daniel—The clear and systematic way in which the paper has been arranged under three heads, makes it more readily discussed. In regard to the importance of watching for conditions in the youngster, which may be called abnormal, but which, in my experience, exist to a greater or less extent in the majority of children, and cause, indirectly, many and grave affections of the ner-

vous system, I agree with Dr. Gillis, and I have always thought it one of the evidences of the wisdom of the great law-giver, Moses, that this operation was made binding upon the Israelites, thereby insuring its universal performance in that nation. I think many of us are too careless about watching for those conditions of this organ that require attention and remedy. Of course there are many cases in which circumcision is not necessary, and therefore I do not for one moment approve of insisting upon the operation in every individual case that comes along, where the glans is covered. In regard to the method of operation I cannot say that my experience altogether makes me agree with the directions and conclusions in the paper. The suggestion in regard to the amputation of the end of the prepuce is all very good: but in regard to the apparent direction, by inference, that in most cases there is no necessity of slitting up the inner coat or lining covering the glans, I think it is always best to divide the inner fold of the prepuce directly on the median line, and, in some cases, to remove a triangular portion on either side, so as to make the outer and inner surface adjust better; having had more or less experience in my early practice that makes me cautious in not ripping up the inner coat. I have had cases where I did not think there would be any difficulty, but in the course of a few months or a year a gradual contraction occurred after union, making a second operation necessary. In all cases of adults, particularly, and in boys of maturer years, it is absolutely necessary to do so, and I prefer, as a rule, dividing the inner coat as far as the corona.

## GENITO-URINARY SURGERY.

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CHARLES R. OGLESBY, PENSACOLA.

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In the general advance of surgical science, none of its departments have been more carefully studied than that of the Surgery of the Genito-Urinary System. The organs concerned are in part jointly subservient to two distinct functions, each of vital importance, one of which cannot be suspended for more than a few hours without great suffering, and whose entire suspension is promptly fatal; while impairment or abolition of the other involves extinction of the human species.

Cutting for stone was practiced before Hippocrates lived or Celsus described his method, and more anciently still by the Egyptians and Hindoos. Catheters were in common use among the Greeks and Romans. Circumcision is an ancient operation, older than the Hebrew race, being practiced among the Egyptian priests. At the close of the last, and during this century, beginning with Cheselden, much energy, learning and ingenuity have been devoted to the pathology and therapeutics of genito-urinary disorders.

In the male sex the genital organs subserve in part the functions of urination. The urethra, as far as the orifice of the spermatic ducts, serves for the passage of the seminal fluid as well as urine. The bladder is in the closest anatomical relation with the seminal vesicles, prostate, and vasa differentia, and its affections are constantly complicated with disease of these organs, and vice versa. The testicle is in direct communication with the urethra, and inflammation is frequently propagated along the different tubes from the urethra to the epididymis, testicle, and tunica vaginalis, and the converse of this proposition is also sometimes true. Hence, we readily see the dangers ensuing from operative measures in any of these organs by reason of their relation to others.

Grave difficulties embarrass the surgeon in this field. He has to deal with very vascular tissues. We have to

incise structures that are constantly bathed in pus or putrid urine, and the patient and operator have no choice but to accept hemorrhage, septicæmia, pyæmia, nephritis and embolism.

But through all these difficulties, genito-urinary surgery has constantly advanced. For the present high development of this branch of surgery we must ever remain grateful to Cheselden, Dupuytren, Liston, Civiale, Fergusson, Maisonneuve, Mercier, Thompson, Coulson, Cauge, Otis, Bigelow, Teevan, Harrison, Van Buren, McDowell, Keys, Hodgen, Gouley, McGuire, Wyeth, and others alike distinguished.

Stricture is treated by continuous or intermittent dilatation, by internal or external section, and has been treated by electrolysis. Dilatation must be regarded mainly as a preparatory measure. It is now the rule to divide all strictures, anterior to the perineum, internally. In the perineum and bulbous portions, however, a decision as between internal and external section must be reached, and the choice will depend upon the circumstances of each case.

When anti-perineal and bulbous strictures co-exist, the anti-perineal ones should be first treated and the parts allowed to heal, and the deeper parts treated by prolonged use of the sounds before resorting to the knife. *Both internal and external sections in the perineal region and at the bulb, are very grave operations, strictly ranking among the great operations of surgery, and should never be practiced unless urgently indicated.* In perineal and bulbous sections, either internal or external, we may be confronted with patent or concealed hemorrhages, sanguineous and urinary infiltration, urethral fever, perineal abscess, sloughing and gangrene, septicæmia and pyæmia. In order to prevent the wound being bathed in urine for at least forty-eight hours after the operation, aspiration over the pubes should be practiced.

The best instrument for making internal section is Otis' dilating urethrotome.

External urethrotomy is reserved for perineal and bulbous strictures, where abscesses or fistulas co-exist with stricture, and when extensive induration exists. In this

bold and difficult operation, which we owe to Jameson, of Philadelphia, and Syme, of Edinburgh, we may either be guided by a whalebone, or Syme's staff passed through the stricture, or what is just as well, operate without either one for a guide.

The practice of retaining a catheter in the meatus, or through external section, is now almost universally abandoned.

We must not omit the emergency cases arising not infrequently of retention of urine. Prompt relief must be afforded, especially in acute cases, for the bladder has been known to burst from retention. First try catheterization; that failing, resort to aspiration supra-pubic; at the same time using anodyne suppositories with the hope of relaxing the urethra sufficiently to admit of the introduction of a catheter.

The treatment of hypertrophy of the prostate is beset with difficulties and calls for the greatest care and caution. The flexible rubber catheter has proved invaluable in the treatment of these cases.

If troublesome cystitis supervene in these cases, injections of solution of nitrate of silver of from 10 to 25 grains to the ounce of distilled water, may be resorted to with beneficial effect.

The subject of *Calculus* has always occupied a conspicuous place in the annals of surgery. Lithotripsy as an operation for removal of stone is a procedure of which American surgeons should feel proud, for Bigelow and Otis have done more to advance this operation than all others. Recently, supra-pubic cystotomy has met with able advocates in Wyeth, Hunter Maguire and other distinguished surgeons.

Section and ex-section of the kidney for calculus are recognized as legitimate operations.

Of course all the operations of this field of surgery are to be done under the most strict aseptic, if not antiseptic precautions.

Let us hope that under the guidance of improved pathology and with the aid of skillful mechanisms, this branch of surgery may continue to advance as rapidly in the future as it has done in the present century.

## ON THE PARTIAL EXCISION OF THE TUNICA VAGINALIS FOR THE RADICAL CURE OF HYDROCELE.

BY DR. M. G. ECHEVERRIA.

Total removal of the tunica vaginalis for the cure of hydrocele, though now advocated by some eminent surgeons in this country and abroad, is liable to be attended with prolonged fever together with violent consecutive accidents, as well as failure, and even with a fatal termination, as in a case reported by Bull, of New York. Partial excision of the tunica for the same purpose is an operation, on the contrary, exempt from such consecutive serious, local or general reaction, and more prompt in its effects when executed with every rigid antiseptic precaution, for in fifty-two cases in which we have thus performed it, primary healing has been produced, the patient has not been in bed beyond the first or second day, and on the fifth he has walked without inconvenience, permanently cured.

Kinder-Wood, cited by Curling in his standard work on Diseases of the Testicle, after evacuating the hydrocele through an incision in the scrotum, made with a lancet, pulled out with a hook the tunica vaginalis and with scissors excised a portion of it, dressing the wound with adhesive plaster. In three cases the patients cured by primary healing, and in a fourth, violent orchitis supervened.

Titley tried the same operation in six cases and failed in every one. These were the only references to the subject we knew of when for the first time we performed partial excision of the tunica vaginalis for the cure of hydrocele twenty-two years ago.

Hertzberg, of Fubingen, has endeavored to prove the superiority of Volkmann's radical operation, *i. e.*, of incision, over injection, by a record and interesting analysis of forty-six cases in which it was performed. In thirty-three cases recovery took place without any signs of local or general reaction. In eight cases there was severe general reaction, with subjective disorders and prolonged

fever. The operations were performed with full attention to antiseptic details. The cavity of the tunica vaginalis was washed out with a weak solution of corrosive sublimate, after taking care to relieve it of all products that were supposed to be associated with the disease. A drain tube of medium size was passed through the cavity and brought out through a counter-opening at the lower part of the scrotum and the seat of the operation, and the surrounding parts were finally covered by a dry dressing of wood-wool. In a large majority of the cases the drain tube and the sutures were removed on the fifth or sixth day, and the patient was able to leave his bed at the end of the first or the beginning of the second week. The average duration of the stay in the hospital was a little over sixteen days. By comparing tables, derived from different sources of carefully recorded and long observed cases of hydrocele treated by incision and injection, Hertzberg finds that the relapses after the former treatment constitute from 3 to 4 per cent. of the total number of cases, while those after treatment by puncture and injection of iodine amount to 8 per cent. Hertzberg further cursorily remarks that "*Professor Bruns practices partial excision of thickened indurated or superfluous tunica vaginalis, but holds that total excision of this membrane is not required, save in very exceptional cases.*"

If we have briefly presented these details, taken from Hertzberg's paper "*On the Operative Treatment of Hydrocele and its Ultimate Results,*" published in Professor Bruns' *Beitrage zur Klinische Chierurgie* for February, 1889, it is not only on account of their important bearing on the subject we are about to discuss, but also to demonstrate the confusion incurred by Keyes, who, speaking of the operation of excision in the *Annual of the Universal Medical Sciences, Vol. III, 1890, Sec. E, p. 3,* and referring himself to the same paper just quoted, says: "Hertzberg's attempt to prove by Bruns' operation that excision of hydrocele is a method of cure superior to injections seems amusing." We are unable to explain this gratuitous reproach, for Hertzberg very distinctly asserts from the beginning, that in his forty-six cases Volkmann's radical operation was performed, and endeavors to prove by their analysis the superiority of incision, not of excision, over

injection, Volkmann's operation being in his opinion the most rational method of treating hydrocele. On the other hand, in no less explicit terms, as we have already shown, does Professor Bruns reject total excision of the tunica vaginalis, save in very exceptional cases.

Having done with these preliminary remarks, we now pass on to a summary account of the facts we are about to appreciate. In 1870 a patient at the New York Hospital for Epileptics and Paralytics had a haematocele, following an injury of the right testicle during one of his fits, three years before, although he also stated that previous to the accident the testicle had been enlarged, but painless. The tumor was the size of a cocoanut, at times painful, but without symptoms of active inflammation or of threatening suppuration. The patient was a sailor of intemperate habits, epileptic since the age of puberty, without any known determining cause for it. The bromide treatment had more effect on the violence than on the frequency of the attacks, which kept on occurring with their diurnal character, once or twice every morning. He was very anxious to be operated upon, as he labored under the idea that the haematocele had aggravated his fits, there being no manifest reason for his belief. Confident that the operation could not prove injurious to him, we consented to his request.

He was placed under chloroform, after having been duly prepared for the operation. A free incision of the scrotum and tunica vaginalis gave issue to a chocolate opaque fluid, and the parietal layer of the tunica was covered with a thick gelatinous film of a rusty color, which easily detached itself from the membrane. The cavity was thoroughly washed out with hot water, containing 10 per cent. of carbolic acid. The parts, contrary to our expectations, bled very little, the oozing hemorrhage soon stopped, and when the fibrinous deposits were completely removed from the testicle and tunica vaginalis we excised all the redundant portion of the membrane, so as to leave sufficient of it to cover in close contiguity the whole testicle, which was not very much augmented in size. A small rubber drain tube was left in the cavity, the edges of the wound in the scrotum and in the tunica vaginalis were brought to-

gether by fine silver sutures, and the parts, protected with lint soaked in Peruvian balsam, were covered by a well-fitting dressing of oakum. A hypodermic injection, with one-fourth of a grain of sulphate of morphine and one-hundredth of sulphate of atropine, was given to the patient as he was coming from the effects of anaesthesia.

We will not dwell on the subsequent march of the case. The wound healed by first intention, without the least inflammatory reaction, the drain tube was removed on the second day, and on the fourth, all the silver sutures. In the beginning there was very slight œdema, with tenderness of the scrotum, which soon disappeared, but no swelling of the testicle or effusion into the tunica vaginalis, and nothing particular was noticed in the general condition of the patient beyond the curious fact, that from the day of the operation to that in which he left the hospital, three months after, he remained completely free from fits, but having continued all the time with the bromide treatment. The testicle returned to its normal condition.

We must confess that we were not surprised at the result of the operation, being aware of the wonderful power of recovery epileptics have after the most formidable traumatic injuries or operations.

A long time elapsed before we repeated this operation. We had, during two years, from 1885 to 1887, the direction at Colon of the medical department of the French Society of Public Works, engaged in the construction of the Panama Canal. We were, on entering upon our duties, at once struck by the considerable number of patients with hydrocele, which ranked, after malarial fevers, among the commonest complaints peculiar to the native laborers. The first case we had to treat was one of hematocoele, on a mulatto, 22 years of age. We immediately decided to submit him to the same operation we had previously practiced in New York, but with the following modifications: The cavity of the tunica vaginalis was washed out with a solution of biniodide of mercury, 1 in 2000 parts of water (in all the following cases we have used the bichloride of mercury solution, 1 in 1000 parts). Lister's carbolized catgut ligatures were substituted for the silver wire; the wound was dressed with

iodoform gauze, and the parts finally covered with salicylated cotton.

The operation, in one word, was preceded by, and performed with, every attention to antiseptic precautions, which were hardly recognized in 1870. In this instance the tumor was on the left side, the sequel of a blow received two years before, and the expanded tunica vaginalis was filled with clots and sanguinolent serum. The testicle, rather small, was otherwise normal looking. The oval segment of the superfluous tunica was excised, leaving enough of it to cover the testicle. Chloroform was administered conjointly with a hypodermic injection of morphine and atropine, to produce anaesthesia. The incision healed without any local or general reaction. The drain tube was left in the wound until the second day, when, there being no discharge, it was removed and the sutures on the following day. From this time the patient walked about without discomfort and continued thereafter on his uninterrupted perfect recovery. Encouraged by this new success, we resorted uniformly to the identical treatment in every subsequent case. Latterly we have used sterilized silk sutures and aristol instead of iodoform, in addition to the sublimate gauze for dressing of the wound. One of the conditions of most importance for the prompt adhesion of the tunica vaginalis and the testicle, is to exert a general compression of the scrotum with well adapted layers of antiseptic cotton, retained by an elastic bandage carefully placed.

The fifty-two cases we have operated on are thus distributed:

|                                    |    |
|------------------------------------|----|
| Common hydrocele, single . . . . . | 22 |
| "        " double . . . . .        | 15 |
| Hoematocele, single . . . . .      | 11 |
| "        " double . . . . .        | 4  |

Ten cases of single hydrocele and eight of double had been operated upon before by injection, fifteen of iodine two of carbolic acid and one of sublimate.

We have already remarked the singular frequency of hydrocele in the Isthmus of Panama, and it is worthy of notice that this affection is actually endemic in certain localities of Colombo. Thus, in Carthagena it is so common, that when a *potroso*, as they call those with

hydrocele, is met with in other parts of the country, they take it for granted that he hails from Carthagena. On visiting this old city built by the Spaniards, we observed this peculiarity, which the people and the native physicians ascribe to the water drank in the locality. We believe, however, that malarial influences play the chief part in the æstiology of these cases, just as they do in malarial orchitis, notwithstanding the opinion of Le Denti and Terrillon, who attribute this latter to the endemic hymphangitis of hot countries. While in the Isthmus of Panama, we observed on two distinct occasions, that patients with malarial cachexia, at the same time affected with common hydrocele, presented a conspicuous reduction of the tumor during an energetic treatment with Warburg's tincture, attended with the most beneficial results. We frequently met with, on the operated upon in Colon, the tunica vaginalis lined with a glutinous coat of pigment, which imparted a more or less uniform chocolate discoloration to the parietal surface, and which we always removed without difficulty before closing the wound. This condition was very notable in a patient here with a voluminous double hydrocele, we operated upon last May, who had been subject to malaria, and whom we were obliged the day after the operation to confide, on account of our illness, to the care of our friend Dr. C. B. Sweeting, who kindly finished his treatment, and speedily brought him to the usual successful termination. The deposit we are describing acknowledges the same cause as the pigmentation of the skin and of the white corpuscles of the blood, and the melanotic deposits in the spinal cord, observed among the accidents of the paludic cachexia.

Before leaving this subject, we must remark that patients with single hæmatocoele were all quite positive as to its traumatic origin, whereas this cause was never assigned in any of the four cases of double hæmatocoele, and in every one of these latter instances a thick false membrane lining the tunica vaginalis showed, by its apoplectic aspect, that the effusion of blood had been consecutive to the forming of the false membrane within the serous, in consequence of a vaginalities undoubtedly of a malarial nature.

To close this account, we will add, that in 1886 a Greek laborer we had treated for double common hydrocele was accidentally killed on the Panama Railroad. He had been operated on nine months before. On post mortem examination, both testicles were found quite normal, as also the seminal vesicles, distended with spermactic fluid. The tunica vaginalis was on either side closely united to the albuginea, and firmly attached to it along the line corresponding to the incision. There were no adhesions between the scrotum cicatrices and the testicles.

In conclusion, let it be clearly understood that we do not deny the merits of the pure carbolic acid injection treatment in uncomplicated cases of hydrocele; furthermore, we prefer it to the other injections, and we have used it several times with satisfactory results. But when the tumor is very voluminous, of long standing, and has been successfully tapped before, partial excision of the tunica vaginalis, as we have described it, is the most prompt, simple, and certain method of treating hydrocele. We do not assume that it never fails, yet, having tried it under various circumstances in fifty-two consecutive cases, without a single reverse, we are warranted in giving to it the preference. Most assuredly the duration of treatment has been shorter than the average of the other methods usually employed. As to the comparative merits between this operation and Volkmann's, we have so far never observed the severe general reaction and untoward symptoms noticed by Hertzberg in eight out of his forty-two patients, nor has the duration of treatment with us ever exceeded six days, whereas by Volkmann's operation it has been from eight to ten days.

Finally, we are convinced that to the rigid and ever-increasing antiseptic precaution taken is entirely due the success of our treatment. As a patent proof of it, we may add, that last March, assisted by our friend Dr. R. D. Murray, we removed the left testicle in a case of cystic degeneration of the organ. The operation was performed with every antiseptic precaution; the patient was able to leave his bed on the third day, and primary healing was effected so rapidly, without any local or general disturbance, that from the sixth day he moved about perfectly cured.

## GYNECOLOGY TO-DAY, AND THIRTY YEARS AGO.

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The very great advances made in surgery and medicine during the past few years are due in the main to the specialist, or, as seems to me a more appropriate term, the enthusiast. Nowhere in the healing art have greater changes been made than in the branch known as gynecology. In tracing the growth and changes in this department of medicine, I shall not go beyond the memory of the older members of this Society to speak of treatment and surgical procedures that were, if not commonly practiced, sanctioned by high medical authorities. I will first briefly cite on the curability of certain forms of insanity, epilepsy, catalepsy and hysteria in females, by T. Baker Brown, F. R. C. S., President of the Medical Society of London, etc., London, 1866. Dr. Brown says: "In this treatise I think it is shown conclusively that the diseases named are in many instances determined or exaggerated by voluntary irritation of the clitoris, and that in these cases by amputation of the abnormally excited organ the disease may be cured." He also says the necessity for the excision of the clitoris when much enlarged has been recognized by surgeons generally; but I would go further and say that this operation should be resorted to in all cases where that organ is found in an abnormal state, and where constitutional symptoms are traceable to its irritation.

Following the teaching of so eminent a man as Dr. Baker Brown, the operation of clitoridectomy became frequent; so frequent, indeed, that conservative surgeons were at last awakened to the fact that time for decided action on their part had arrived. It is speaking very mild to say that the discussion of the procedure was heated. The result was, however, that it was condemned, and its originator was forced to retire from the society, which but a short time before considered itself honored by having his name upon its roll of members. In the medical literature of the present there is no mention of

this subject, which twenty-five years ago filled the columns of the medical journals. Another surgical procedure to which I shall call attention is amputation of the cervix uteri in procedentia. This was brought to the notice of the profession by M. Huguier, Paris, 1859. It was endorsed by men of the highest standing, such as Tilt and Simpson in Great Britain, and Sims, Emmet and Thomas in America. In the city of New York, prior to 1870, Dr. Isaac E. Taylor in all probability performed the greater number of operations, and contributed largely to the literature of the subject.

Dr. Taylor expressed his views as follows: "With different methods I have followed, according to the nature of the case, I do not believe there is any fear of severe hemorrhage, nor risk of a perimetritis or celulitis, as I have never met with them, and I think the operation perfectly simple and safe. I have not considered it requisite to prepare the patient for the operation, as M. Huguier suggests. In fact, with rest for a day or two, and the bowels evacuated previously to the operation, is all that is necessary."

There were exceptions, however, as to the advisability of the procedure, and the author of one of the standard text books on diseases of women alludes to it as an operation which has always been considered dangerous, and which has certainly, even in the most skillful hands, sometimes proved fatal. Time has demonstrated that there are cases in which amputation of the cervix uteri is proper, but that they are rare, and not as often met as the enthusiastic admirers of M. Huguier believed. While not easy, the operation is neither as dangerous nor difficult as its opponents thought.

The change in gynecological practice in the nearly complete abandonment of pessaries demands more than a passing notice. But few years ago their use was, I may say, universal. No one disputed Dr. Hodge when he said the long experience of the author in the use of pessaries will perhaps justify the expression of his opinion that the mechanical treatment of uterine displacement by *intravaginal* supports is essential, an indispensable condition for their perfect relief, and that by pessaries of suitable material, size, and form the uterus may very generally be

replaced and maintained *in situ*. Very recently Mr. Lawson Tait said, "I hate pessaries," and there is no doubt but that voiced the sentiment of the majority of the profession.

There has evidently been no blind devotion to old ideas and methods in the matter of pessaries, and the celerity with which they were abandoned by the great majority of physicians is an evidence that physicians generally value old methods only as they compare with the standard of the present, and are ever ready to discard precedent and tradition when not sustained by investigation and experiment.

May it not be possible, is it not probable, that we are on the eve of greater and more startling changes in methods of treating diseases of females? Are not the days of the tampon numbered, and will not the surgeon's knife be less frequently used than at present?

May it not be that electricity, the wonderful agent of which we have so much to learn, will become a prominent factor in the cure of disease? Experiment is the test for truth in scientific matters, and that branch of science known as electro-therapeutics is now undergoing a thorough investigation. What the result will be time only will tell. Taking a lesson from the past, it is well for medical men to be chary of adopting new methods and new remedies upon the report of the enthusiast, yet remembering that medical science is advancing with giant strides, he must not neglect to keep even with the times, and bring to his aid the result of the investigator for the relief of suffering that is incidental to, and inseparable from, human life.

HENRY K. DUBoIS.

## FUNNEL-SHAPED DEVELOPMENT OF UMBILICAL CORD.

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At 3 o'clock P. M. January 23d, 1892, Mrs. B—— gave birth to a large male child, well formed, but with a funnel-shaped development of the umbilical cord, beginning where the cord made its exit at the umbilical ring and extending along the cord for four inches, having a diameter of from two to two and one-half inches. Into this closed sack a knuckle of the intestine protruded with the first cry of the child. I applied a ligature about two inches beyond the closed sack and cut and removed the attachments of the umbilical cord. Not having instruments to perform the operation, and being four miles from my office, I reduced the hemia of the intestine, applied bandage with smooth concave piece of lead over the sack to retain the intestine within the abdomen till morning, when I returned with Dr. J. T. Green to assist me in the operation. We found that the bandage and compress of lead had only partially retained the intestine, while the closed sack was almost black. It was with much difficulty that we succeeded in replacing the intestine through the umbilical ring into the abdomen. Then, while Dr. Green held his finger on the ring, I ligatured and cut away all the closed sack, which, upon examination, disclosed a portion of the peritoneum adhering to the inside of the sack. After removing the finger pressure, the cord inverted and contracted sufficiently to allow ten or twelve inches of the intestine to protude, which was entirely void of any peritoneum or membranous covering. I immediately replaced this protruding part, and without removing the first ligature, applied a second one as closely as I could tie between Dr. Green's fingers and the babe's abdomen; then applied antiseptic dressing of iodoform gauze dipped in listerine; over this I applied lead compress. On the third day I applied a fresh dressing of same, being very careful to keep firm pressure while having compress off. On the morning of the fifth day the ligature sloughed off, and upon examination I

found union and closing of the ring, but kept on the compress till the child was five weeks old; then abandoned the lead compress and used a band moderately tight to prevent protruding umbilicus. The child at this writing is nearly two months old, strong and healthy and has been troubled very little with colic. After the first three days following the operation, when the cord was rather tight, there was a slight elevation of temperature, but no peritonitis, the digestion being good.

In operating, every aseptic precaution was taken, and I cut away over two inches of the peritoneum that adhered to and lined the closed sack.

RUSSELL H. DEAN,  
Leesburg, Fla.

March 23d, 1892.

## ELECTRICITY IN GYNECOLOGY.

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Although in presenting this paper I recapitulate some known facts, I bring it before you because I can speak of personal observations and success by the use of electricity during the last five years of my gynecological practice.

It has enabled me to accomplish cures in one-half the time it would have taken without it. In some instances surgical interference was avoided and others would not have been reached at all.

Physicians with a large general practice cannot use electricity with the necessary freedom, simply for want of time. They cannot familiarize themselves fully with its merits, and therefore they hesitate to use it or do not advise its use.

It has been demonstrated that living muscle tissues possess natural electric currents, doubtless excited by continuous molecular chemical changes taking place during oxidation of its nutrition and constituents, thus furnishing the exciting fluids, the longitudinal and transverse surfaces of muscle fibre becoming positive and negative, the electric currents passing constantly from surface to center and vice versa.

Irritability, contractibility, a property inherent to muscle tissue, disturbs and interrupts the currents, acting the part of rheotome in the battery. To the ear these contractions are perceptible as muscular sounds, resembling very much the soft humming sound produced while a battery is in action.

These continuous electric currents and muscular contractions throughout the body favor its nutrition; waste matter is thrown out, new material used and made room for. If from any cause the equilibrium between fluids, organs and forces is lost, disease arises.

Among its manifestations I will mention pain, inflammation, congestion, effusion, exudations, etc.

Now is the time to apply medication, massage and electricity.

As stated above, we recognize electricity a manifesta-

tion of force in living tissue. We increase this force by aid of medical electrization, which has proved a tonic, a sedative, a stimulant and an absorbent.

By its friction and pressure, clearing away stagnation and congestion, by increasing force of circulation, promoting absorption and relieving pain, by removing the pressure exerted upon nerve filaments, by swellings and exudations.

Upon the mode of application largely depends success. There is generally great inclination, and therefore danger, to use currents too strong, rather than too weak.

Electricity should never be applied if there is evidence of inflammation, or if its application is followed by discomfort or pain.

In applying the positive pole upon or above the painful spot, the negative below, momentary relief is obtained in many cases.

Usually, I gave my patients one seance of trial to assure them that I do not "give shocks," and for the purpose of observing the effect of the application in each case, beginning with the mildest current, first testing its strength with my own hand.

I repeat the seances every second or third day, each lasting from five to fifteen minutes.

In treatment of simple cases of ovarian congestion, sub-involution engorgement, after internal medication, counter irritants and the usual local applications were followed by slight improvements. I have been able to effect speedy and safe cures by the aid of Faradic and Galvanic-Faradic currents, applying the positive pole to the os and the negative pole along the spinal column, the positive pole exerting the greater power of contraction upon the unstriped muscle fibre.

By general and local electrization, I have corrected disorders of menstruation, as dysmenorrhœa and amenorrhœa. To promote absorption of effusions or exudations about the pelvis, I use galvanism, either externally alone, or by combined method, the negative pole internally.

In January, 1891, I was called to see a patient, who had been ill some time, a married lady, multipara, 43 years old.

She stated that she had suffered with an attack of dysentery, accompanied with high fever and pain all through the abdomen. Under her physician's care she improved and was discharged as well.

About a week later she noticed a hard swelling in her right side, which continued to increase in size, becoming very painful and confining her to her bed.

When I saw her first, the swelling had reached the size and shape of a cocoanut. It filled the right illiac fossa, and rose two inches above the crest. It had a stony firmness. I found no connection between the tumor and the uterus, except when during internal examination I attempted to lift that organ it increased the pain. The vagina was slightly encroached on. The body of the tumor could be held between the external and internal finger.

The patient was weary from pain. Her temperature was 100; pulse 118. I began treatment by blistering externally and local vaginal applications of iodine and glycerine. Internally I gave iodide of potash 3 grains, tincture of digitalis 5 drops, every four hours.

I continued this until all sensitiveness and pain had disappeared, when I added galvanism to my treatment, and gradually dropped all medicines. I used electrization every other day for one month, at the end of which time all traces of the tumor had disappeared.

In this case I used both local and general electrization, the positive pole always below the negative to favor the flow of blood towards the heart. To this day, fourteen months, there has been no return of the trouble.

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About ten months ago, one of the worst cases of general endometritis presented itself to me. The woman had had five children, was 32 years old, anaemic and generally broken down; complained of pain about the sacrum and the course of the sciatic nerve. She had suffered since the birth of her second child. Her husband making but small wages, she had deferred seeking medical advice, but lately she had had daily chills and fever, which compelled her to apply for relief.

After preparatory treatment, I gave her uterine and nerve tonics, such as bromide of soda, nux vomica,

arsenic and belladonna. Locally, I used iodoform and iodo-glycerine and tannic acid. Her condition improved slowly. I then supplemented galvanism twice a week, alternately applying the negative pole to the cervix, the positive pole to the soles of the feet. This soon changed the diseased condition by contracting and diminishing the patulous erosions, allowing the newly-formed mucous membrane to spread over and cover the surface.

I did not have to resort to intro-uterine applications, nor the curette. All symptoms of endometritis disappeared, and to-day, six months later, the woman is still in a good, healthy condition.

I have in use a galvanic Faradic Combined battery, charged with a solution of bichromate of potash. Its electromotive power is 1.5 volts; its internal resistance is .5 of an Ohm. at the start, which can be increased in both galvanic and Faradic currents. With this comparatively small and insignificant battery I have accomplished all, and more than stated above. I feel that in it I have a reliable friend.

**M. RICHARD GIBBENS,**  
Fairfield, Jacksonville, Fla.

## SALOL IN TYPHOID FEVER.

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**MR. PRESIDENT AND GENTLEMEN**—Having recently made some observations in the use of this rather recent therapeutic agent in a few cases of continued or typhoid fever, I will briefly give the clinical history, treatment and result of two cases.

**FIRST CASE.**—Mrs. B., age 24; brunette, medium size, and mother of two children, was taken sick February 18th with light fever and cough, which continued from day to day without much disturbance up to the 26th, when the fever reached a high degree. I was then sent for; found patient with temperature  $105^{\circ}$ , pulse 120, respiration 30, with pains in the head and back, bowels rather loose, urine scant and highly colored, tongue flat, coated in the center with red, tip and edges. She told me she had taken a full dose of calomel and soda two days previous, followed by full doses of quinine, which had affected her head very much. Finding this condition of the case, alkaline baths of tepid water, applied with a sponge every two hours while the skin was hot and dry, was ordered, and 3-grain doses each of antikamania and bron-quinia were given every two hours until thirty grains each were given. Morning 27th: Less pain, with temperature at 9 A. M.  $103^{\circ}$ . Same treatment continued; at 3 P. M.  $104^{\circ}$ ; 8 P. M.  $103^{\circ}$ . Morning 28th, 8 o'clock,  $102\frac{1}{2}^{\circ}$ ; still some pain in the head and tenderness over the abdomen. Up to this time sixty grains each of bron-quinia and antikamania had been given, with the full effects of the agent, but still the fever was there. I then decided I had a case of self-limited fever to deal with. This prescription was then made and continued until the fever subsided: Salol and antikamnia each  $\frac{1}{2}$  drachm, quinia sulphas 6 grains, ft. capsules No. 12, sig. Take one every three hours. Temperature at 3 P. M.  $103^{\circ}$ , 8 P. M.  $103^{\circ}$ . Morning 29th: More quiet; temperature 9 A. M.  $102^{\circ}$ , 2 P. M.  $102\frac{1}{2}^{\circ}$ , 8 P. M.  $102\frac{1}{2}^{\circ}$ , with less pain, with watery discharges from the bowels, urine scant, rather dark, showing the action of the salol. March 1st, 8 A. M.  $101\frac{1}{2}^{\circ}$ , 2 P. M.  $102\frac{1}{2}^{\circ}$ .

March 2d, 9 A. M. 102°, 3 P. M. 102 $\frac{1}{2}$ °, 9 P. M. 102°, bowels better, feeling no pain. March 3d, 10 A. M. 101 $\frac{1}{4}$ °, 4 P. M. 102°, 9 P. M. 103°. March 4th, 8 A. M. 102°, 4 P. M. 101 $\frac{1}{4}$ °, 8 P. M. 102°. March 5th, 9 A. M. 101 $\frac{1}{2}$ °, 4 P. M. 102°, bowels checked. March 6th, 10 A. M. 100°, 4 P. M. 101 $\frac{1}{2}$ °. March 7th, 9 A. M. 99°, 7 P. M. 102°. March 8th, 10 A. M. 99°, 7 P. M. 101°. March 9th, 8 A. M. 98°, 8 P. M. 99°. March 10th, 9 A. M. 98°, resting very comfortable, and feeling quite cheerful. Discontinued this prescription, and placed patient on a tonic treatment and discharged her. A good recovery followed.

Now, the only special point of interest in this case to which I would refer is in the fact that the last twelve days' treatment was confined to the salol prescription as an internal remedy. Alcohol baths to the spinal column were given once a day. The diet was strictly boiled milk and beef tea.

**SECOND CASE.**—Boy (colored), age 13 years; had been working in oyster factory several months; was taken sick March 1st with violent cold, diarrhea and fever symptoms, showing a tendency to develop a case of typho-pneumonia; up to the 10th he was treated by another physician, who, on account of sickness, had to give him up. I was sent for; found patient delirious, very nervous, picking at the bedclothes, with abdomen swollen, very tympanitic, thin, muddy discharges from the bowels and frequent, with a temperature of 105 $\frac{1}{2}$ °, pulse 132, and cold extremities. Treatment: I ordered a hot mustard foot bath and turpentine stupes to the abdomen, with frequent sponging of the face and spine with cool water, and put him on this prescription: Salol 1 drachm, phenacetine  $\frac{1}{2}$  drachm, sulph. quinia 12 grains, M. ft. powders No. 12. sig. One every three hours in a teaspoonful of wine with sugar and water. Eleventh day, 9 A. M. 103°, still delirious, at 4 P. M. 104°. Twelfth day, more quiet, at 8 A. M. 102°, 5 P. M. 103 $\frac{1}{2}$ °. Thirteenth day, bowels better, less tympanitic; 9 A. M. 102°, at 4 P. M. 103 $\frac{1}{2}$ °. Fourteenth day, mind clear, temperature at 10 A. M. 101°, 4 P. M. 103°. Fifteenth day, 9 A. M. 102°, 4 P. M. 103°. Sixteenth day, 10 A. M. 102°, 5 P. M. 102 $\frac{1}{2}$ °. Seventeenth day, general condition better, temperature 9 A. M. 101°, 6 P. M. 102°. Eighteenth day, 10 A. M. 101°. Nineteenth day, rest-

ing very quietly, no pain, with temperature at 9 A. M.  $101\frac{1}{2}^{\circ}$ . Twentieth day, 10 A. M.  $101^{\circ}$ , 5 P. M.  $101\frac{1}{2}^{\circ}$ . Twenty-first day had good night's sleep, and feeling better, with temperature at 9 A. M.  $100^{\circ}$ , at 4 P. M.  $99^{\circ}$ . Twenty-second day, still improving, no bowel trouble, with temperature  $98\frac{1}{2}^{\circ}$ , and some desire for food; patient was discharged, and made a rapid recovery.

This case was also limited to the above prescription as an internal remedy, with daily sponging of the body with alcohol. Diet was chiefly boiled milk, taken hot.

These two cases show conclusively that salol as an antiseptic agent, to say nothing of its other properties, promises much in the treatment of low and continued fevers with bowel complications. Respectfully,

Jos. D. RUSH, M. D.

## REPORT ON LEPROSY.

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PENSACOLA, FLA., April 3, 1892.

*Mr. President and Gentlemen of the Florida State Medical Association:*

At your last annual meeting, held in this city, I was instructed, as chairman of the Section on Medicine, to report upon the subject matter of the able and exhaustive paper read by Dr. R. P. Daniel before the Association, and entitled "Leprosy."

By way of apologizing for the incompleteness of this report, I will say that I have not been in a position, until recently, for obtaining the facts in regard to the existence of this disease amongst us, which alone would render this paper of value to our Association. I am not inclined to the opinion that leprosy exists to any extent in this State, nor do I believe it to be a disease of easy communicability, yet I think it would be well to clothe the guardians of the public health with full powers to compel the isolation of any case wherever found, so as to prevent the possibility, however small, of its spreading by contact. The entrance into our State of lepers, save from domestic ports, is almost impossible under the present requirements of the Marine Hospital Service.

A death from this disease was officially reported to the State Board of Health from Pensacola last spring, and since then the existence of a case has been announced on the island of Key West.

In reference to the last case, I will say that our active and efficient State Health Officer has already taken the proper steps looking to the care, maintenance and isolation of the unfortunate sufferer. In his letter of notification to the Board of Health he says: "My advice would be to establish a hospital at Mullett Key, in connection with our other hospital, to which we can send all lepers that may be found in the State." It is needless to say that these views meet my approval, as they offer the only solution to the difficulty confronting us; and I would suggest that, as the subject will come up for discussion at the next meeting of the State Board of Health the matter be left with that body for ultimate settlement.

Very respectfully,                   WARREN E. ANDERSON,  
*Chairman Section on Medicine.*

## SANITARY CONDITION OF HAVANA, CUBA.

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**MR. PRESIDENT**—At the request of Dr. White, I have made a brief note of the sanitary condition of our city, which I herewith submit to this meeting of the Florida State Medical Society.

Our city occupies a peninsula, formed by the Gulf of Mexico on the north and inutting of our bay or harbor on the east and south, terminating on that side in various lagoons and lowlands, through which several creeks meander and enter the bay in its shallow margins. Our slaughter-houses on one of these pours its blood and offal into these sloughs.

In its topography, its streets have not been constructed to regular grades, but have followed the original surface in various altitudes in its central and western parts, a low belt little above the sea level skirting it along the Gulf and harbor sides. A large proportion of our streets are yet unpaved, and in the poorer wards it is a common custom to throw slop water into the streets, where they frequently form stagnant pools that fester in the sun and exhale noxious vapors.

A clayey subsoil underlies its surface, and its habitations, without cellars, are in direct contact with its undrained, humid soil, without damp courses to protect their walls from moisture, and these are regularly saturated and discolored with it up five or six feet above the ground floors.

The city has no system of sewers, and the night soil is almost universally accumulated within the rear part of the houses in the old midden closet, which, as you know, is simply a hole in the ground, mostly without lining, and consequently its bottom and sides are permeable by the filth which is therin accumulated, and which, dissolved by the house slops and other domestic waters, soaks into the ground farther and farther, until the entire foundations of the houses are reeking and pestilent with these organic infusions, undergoing putrid fermentations and exhaling their death-dealing gases and microbes within all the habitations. Moreover, these pesti-

lential closets are usually adjoining the kitchens, and in near proximity to the sleeping apartments, which, in the houses of the poorer classes, are very imperfectly ventilated, and it is an inveterate custom of the people to close them hermetically and persistently on the first approach of sickness, and particularly of febrile symptoms, heedless of professional advice to the contrary.

Along the harbor side of the city, wooden wharves are built upon piles driven into the mud, for the accommodation of the shipping, and several of the streets that descend to the bay have, loosely constructed with flat stones or bricks and lime mortar, square drains of one foot, more or less, in size, and connecting their houses with them by similar conduits of smaller size, and have established American water-closets, that empty into them, and in this way, during many years, these conduits—by many called “sewers”—have been accumulating permanent deposits of sewage, less than three feet under the surface of our streets, distributing broadcast its infiltrations, and pouring out some portions of them into the bay, which accumulate as pestilential mud under our wharves.

Thus our population, familiarized during all their lives with this state of uncleanliness, are exceedingly careless in their methods of collecting their garbage, and, possessing no public urinals, all these organic materials are spread about, and our abundant rains, at certain seasons, wash them into the low belt along the harbor.

These general conditions will easily interpret to this body our prevailing diseases, and, I need not say, that these are eminently filth diseases. Phthisis, diarrhoea, typhoid, yellow and paludic fevers are our greatest scourges. The yellow fever haunts our wharves and their vicinity, and, strange to say, our military hospital is planted in their disgusting mud, as if to meet its patients more than half way; and phthisis, diarrhoea, intermittent and typhoid fevers are everywhere.

I have copied brief mortuary statistics of some of the affections that produce the highest death rates here, as follows:

Out of our population of 200,000, I select the statistics of ten diseases that produced highest death rates in Ha-

vana in 1890 and 1891, in the order of their death rates, respectively :

|                                                 | 1890. | 1891. |
|-------------------------------------------------|-------|-------|
| 1. Pulmonary tuberculosis . . . . .             | 1,375 | 1,384 |
| 2. Lesions of heart and aorta . . . . .         | 633   | 654   |
| 3. Enteritis . . . . .                          | 784   | 579   |
| 4. Pneumonia and bronchitis . . . . .           | 451   | 429   |
| 5. Yellow fever . . . . .                       | 340   | 349   |
| 6. Cerebral congestion and hemorrhage . . . . . | 306   | 291   |
| 7. Meningitis . . . . .                         | 298   | 238   |
| 8. Liver affections . . . . .                   | 215   | 197   |
| 9. Pernicious fever . . . . .                   | 164   | 185   |
| 10. Typhoid fever . . . . .                     | 223   | 172   |
| 11. Small-pox . . . . .                         | 12    | 151   |

From defective methods of collecting mortuary statistics here our registrations are incomplete. It is the general conviction that the annual death rate is about forty.

Months when most prevalent :

1. Most in December and January; least in September and October.
2. Little variation throughout the year.
3. January to July, and again in December.
4. November, December and January.
5. June to October inclusive.
6. April to November.
7. June, July and August.
8. No notable variations throughout the year.
9. July and August.
10. April to September inclusive.
11. April to August.

We also had 13 deaths from glanders in 1890, and 12 in 1891.

I herewith also submit the mortuary statistics for March, 1892:

These brief notes have been hurriedly jotted down at the last moment, this morning, and therefore I have had little time to extend into further details, but will add one more important datum, which is that a great part of our water supply is brought to us in an open canal, quite within the city, unprotected in its course from numerous sources of pollution. Our new works, now nearly com-

pleted, will, when opened, furnish abundant supply of wholesome spring water.

ERASTUS WILSON, M. D.,  
Prado 115, Habana.

DISCUSSION.

Dr. Lancaster—There are a few points in that report about which I should like to ask some questions. Your population is largely native?

Dr. Wilson—Mostly native, yes.

Dr. Lancaster—What particular form of heart lesions do you refer to?

Dr. Wilson—Insufficiency, mitral insufficiency, and a large amount of fatty degeneration. We have a large amount of rheumatism from the humidity of our soil, and the rheumatism is a very common complaint here. Tobacco also has a decided influence.

Dr. Daniel—I would like to ask Dr. Wilson what he stated is the population of the city?

Dr. Wilson—About two hundred thousand.

Dr. Sweeting—What is this “Pernicious Fever?”

Dr. Wilson—It is a name we have for a malignant fever; a fever that runs its course very rapidly. They generally term it climatic pernicious fever.

MORTALITY IN THE CITY OF HAVANA, CUBA, DURING THE MONTH OF MARCH, 1892.

# CLASSIFICATION BY RACE, NATIONALITY AND SEX.

| <b>BY RACE.</b>          |  |     | <b>NATIONALITY.</b>  |  |     |
|--------------------------|--|-----|----------------------|--|-----|
| Whites.....              |  | 354 | Born in { Cuba.....  |  | 365 |
| Colored, or Negroes..... |  | 110 | Spain.....           |  | 115 |
| Mixed.....               |  | 52  | Africa.....          |  | 27  |
| Chinese.....             |  | 28  | Other Countries..... |  | 35  |
| Total.....               |  | 542 | Total.....           |  | 542 |

| <b>BY AGES.</b>       |     |     | <b>CIVIL OR DOMESTIC STATE.</b> |     |  |
|-----------------------|-----|-----|---------------------------------|-----|--|
|                       | W.  | C.  |                                 |     |  |
| From 0 to 1 year..... | 61  | 24  | Males--                         |     |  |
| " 1 " 5 years.....    | 30  | 14  | White.....                      | 59  |  |
| " 5 " 10 "            | 10  | 4   | Colored.....                    | 27  |  |
| " 10 " 20 "           | 27  | 8   | Females--                       |     |  |
| " 20 " 30 "           | 46  | 20  | White.....                      | 53  |  |
| " 30 " 40 "           | 39  | 24  | Colored.....                    | 19  |  |
| " 40 " 50 "           | 63  | 14  | White Males--                   |     |  |
| " 50 " 60 "           | 55  | 13  | Single.....                     | 120 |  |
| " 60 " 70 "           | 28  | 16  | Married.....                    | 50  |  |
| " 70 " 80 "           | 16  | 11  | Widowers.....                   | 20  |  |
| " 80 " 90 "           | 4   | 9   | White Females--                 |     |  |
| " 90 " 100 "          | 1   | 5   | Single.....                     | 35  |  |
| Over 100 years.....   | 0   | 0   | Married.....                    | 25  |  |
| Total.....            | 380 | 162 | Widows.....                     | 18  |  |
|                       |     |     | Colored Males--                 |     |  |
|                       |     |     | Single.....                     | 39  |  |
|                       |     |     | Married.....                    | 3   |  |
|                       |     |     | Widowers.....                   | 2   |  |
|                       |     |     | Colored Females--               |     |  |
|                       |     |     | Single.....                     | 64  |  |
|                       |     |     | Married.....                    | 6   |  |
|                       |     |     | Widows.....                     | 2   |  |
|                       |     |     | Total.....                      | 542 |  |

## BIRTHS.

| <b>BIRTHS.</b>           |     |  | <b>Still-Born or Died During Birth.</b> |    |  |
|--------------------------|-----|--|-----------------------------------------|----|--|
| <b>White Males--</b>     |     |  | <b>White Males--</b>                    |    |  |
| Legitimate .....         | 118 |  | Legitimate .....                        | 2  |  |
| Illegitimate .....       | 39  |  | Illegitimate .....                      | 4  |  |
| <b>White Females--</b>   |     |  | <b>Females White--</b>                  |    |  |
| Legitimate .....         | 119 |  | Legitimate .....                        | 2  |  |
| Illegitimate .....       | 36  |  | Illegitimate .....                      | 3  |  |
| <b>Colored Males--</b>   |     |  | <b>Males Colored--</b>                  |    |  |
| Legitimate .....         | 2   |  | Legitimate .....                        |    |  |
| Illegitimate .....       | 18  |  | Illegitimate .....                      | 4  |  |
| <b>Colored Females--</b> |     |  | <b>Females Colored--</b>                |    |  |
| Legitimate .....         | 3   |  | Legitimate .....                        |    |  |
| Illegitimate .....       | 25  |  | Illegitimate .....                      |    |  |
| <b>Males Mixed--</b>     |     |  | <b>Males Mixed--</b>                    |    |  |
| Legitimate .....         |     |  | Legitimate .....                        |    |  |
| Illegitimate .....       | 15  |  | Illegitimate .....                      |    |  |
| <b>Females Mixed--</b>   |     |  | <b>Females Mixed--</b>                  |    |  |
| Legitimate .....         | 4   |  | Legitimate .....                        | 1  |  |
| Illegitimate .....       | 8   |  | Illegitimate .....                      | 1  |  |
| Total.....               | 387 |  | Total.....                              | 16 |  |

## RELATIVE MORTALITY.

|                          |                         |                         |
|--------------------------|-------------------------|-------------------------|
| Mortality Gr'd Total 542 | Deaths, Cubans.....     | Deaths, Negroes.....    |
| Births " " 387           | Births, " .....         | Births, " .....         |
| Against the Popula'n 155 | Favor Cuban Elem't.. 22 | Against Negro Elem't 87 |

Marriages..... 81

## RELATION OF PHOSPHATE MINES TO HEALTH OF OPERATIVES AND SURROUND- ING COUNTRY.

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Phosphate mining, as we all know, has become in the past two years one of, if not the most, important industries in our State, and is yet in its infancy. It has attracted more capital, and is to-day receiving more consideration, and is said to be of more value than the gold mines of California. I therefore think it behooves us, as a profession, to keep pace with it, watching closely its effects upon the health of its operatives and surrounding country.

You are all, no doubt, familiar with the present mode of mining phosphate, but if you will pardon me, I will give a brief recapitulation, as follows:

1. The rock is located by means of rods, in so-called veins, pockets, etc., as near the surface as possible, which varies from a few inches (and in some places the rock is on the surface) to several feet.

2. The overlying soil is then removed by hand, horse or steam power, till the phosphate rock or gravel is reached and laid bare.

3. The rock being laid bare, then begins mining proper, or the removal of the phosphate, which is embedded in a matrix of sand, clay or soft phosphate, in the average proportion of one ton of hard rock to five of some one of the forms of matrix mentioned. This is carried on almost entirely by hands, with picks and shovels, as in mines of coal, etc. Mining is then continued, going down day by day, as long as a sufficient quantity of merchantable phosphate is found to make it profitable. Some mines are worked as deep as the water can be kept away by the assistance of most powerful pumps, which is, in some instances, thirty feet or more. When mining in any mine becomes impossible, or unprofitable, it is abandoned and another established. These mines vary in size from a few feet to half an acre, are some-

times quite numerous, and the majority of them will be much below the present water level when abandoned, which, as we all know, is several feet below normal, due to the past few years of extreme dry weather.

As was stated in the beginning of this paper, the information given could not be so valuable or general as we should like it to be, for the following reasons:

1. Being unable to get replies to my communications, which we believe due, in a great measure, to parties being unable to give information desired, and not knowing proper authorities with whom to communicate.

2. Negroes being employed almost entirely as operatives, and being of such migratory dispositions, constantly changing from one mine to another, it has been impossible to watch its effects, as could have otherwise been done. Many of the cases occurring were among those who had been at this mine only a short time, and it was therefore impossible to say it was due either directly or indirectly to any specific cause here. Neither has there developed any disease peculiar to the miners. But it has been my experience from my practice among the miners, that there is more malaria existing, or a tendency to it, than there was before the mines were worked to their present depth. We examine the camps, as they are usually called, or houses where these operatives sleep, and we will find them in a good sanitary condition. My experience is that it is far superior to their own homes, as here the managers compel them to keep them clean, while they can use their pleasure at home.

It is my opinion that it must be due to working in the mines, but even then the proportion of sickness of all classes is small and not what we might expect, or we believe, would occur under similar conditions in other States. There is one point or symptom I have noted in very near all the cases of every class of disease which has come under my observation, namely: Kidney complication. In many cases there is no other symptom at all prominent, and oftentimes, in malaria, assuming almost a hemorrhagic type, which I have not noticed before. I am unable to give you an entirely satisfactory

reason for this, but believe it to be due to one of the following causes:

1. Using, as they do, for drinking purposes, water coming from wells where the water stands in phosphate of lime, and oftentimes from holes in the mines. This water is very clear and quite tempting to the natural eye, but upon examination and evaporation is found to contain quite an amount of phosphate of lime in suspension.

2. The miners are, as it were, in a deep hole without any protection from the weather, and in a stooped position when at work, thus exposing the spine, especially over the region of the kidneys, to the heated rays of the sun.

If my observations upon this line prove correct, and I believe they will upon closer investigation, either or both of the above causes can be remedied.

Having noticed a few of its effects upon its operatives, we look at its probable effects on the inhabitants of the surrounding country. Phosphate is not found, as was first supposed, only among the poor lands and sparsely settled regions, but some of the best mines are found, and are being operated, in the best farming land and thickly settled parts of our State. As yet, we will admit, there has been but a very small difference, not so much as might be expected from the removal of such an amount of soil. We believe this is, in a great measure, due to the amount of soft phosphate and low grade phosphates that is mixed with this refuse, which alone would cause disease. The most important danger connected with phosphate mining which we believe will come, we have yet been unable to see the effects. When water and other hindrances has rendered it impossible to operate these mines any more, they will be abandoned. They will, many of them, fill with water to a considerable depth, as they are worked below the water level, and others which now contain no water will also, should the water level rise to the normal of a few years ago. The result, you can readily see, is that the State will become dotted with quite a number of stagnant pools, of various depths. It is, I believe, an acknowledged fact, that stagnant pools

in as continued warm climate as ours, will create malaria. Here I do not believe these conditions will cause malaria to the same extent as in more northern climates, where the atmosphere is not purified by the sea breezes we are so blessed with from either side of our famous peninsula. To quote from Dr. J. P. Wall's paper, published in *The Climatologist*, of October and November, 1891: "It does seem, however, that within the two decades, malarial fevers have been steadily on the decline, even in the more sickly regions, which, in the writer's opinion, may be largely attributed to the cultivation of the orange tree within that period;" a fact which we do not believe will be disputed. Any cause which would cause a relapse or return of it should be carefully watched, and every possible precaution taken to prevent it. The greatest quantities of phosphate are found among the high lands and interior, where the atmosphere has been dry, which, with our equable, warm climate, has made our State a great resort, especially during the cold months at the North, for such diseases as require such a delightful climate, and for many others for pleasure. This has annually been a source of great wealth, almost equalling the phosphate industry itself. We fear these innumerable stagnant pools, which in a few years we will have, will cause quite a change, especially in their immediate vicinity, very much like that portion of our State known as flat woods, on damp, foggy mornings. If so, it will render that portion of the country unpleasant, and probably unhealthy, for tourists.

What remedy can be offered to prevent the above is quite a perplexing question at this early date in phosphate mining. If the mines were refilled after operations in them had ceased, then we would have avoided all dangers in this line that were possible, but when we consider the immense amount of time and means which would be required, together with the present low price of the rock, we readily see such a policy would be suicidal to our State's greatest industry. Neither do we believe the laws of the State, as they now are, could be so construed as to require it of them, of which we are all, no doubt, glad.

What, then, is to be done?

To this, I will admit, I am unable to answer, but hope this paper, written as it is in the beginning of the industry, and, although based almost entirely upon my own observations, may interest you all to some extent, and thus cause us to study the question more closely. It is a subject which I think should interest the entire profession of the State, as the masses are expecting it of us, and to afford them means of relief, as far as possible, from dangers which may arise.

JAMES M. JACKSON, JR.

## RESECTION OF FEMUR FOR UNUNITED FRACTURE OF FIVE MONTHS' STANDING.

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FAILURE FOLLOWED BY AMPUTATION.—F. E., age 35, single, German sailor, on May 12, 1891, was struck by a buoy, fracturing both bones of right leg and producing a compound fracture of middle third of left thigh; leg was treated in Cedar Keys by means of fracture box, and thigh by extension; bones of leg united with some angular deformity and considerable throwing out of callus; unfortunately, thigh did not unite. At the end of twelve weeks Mr. E., with consent of attending surgeon, left Cedar Keys. The latter told him that deformity on interior portion of the thigh was merely muscular, and that by rubbing with Joe He Liniment it would disappear. On July 25, 1891, I was called to see Mr. E., and upon examination found quite an anterior angular deformity of upper third of thigh, caused by projection of lower end of upper fragment; advised resection, patient would not consent. Placed the limb in plaster, which was afterwards exchanged for double inclined plane. This line of treatment was followed until August 24, at which time there was no attempt at union. With view of bringing about irritation between the ends of bone, and in consideration that patient was becoming exhausted from prolonged confinement, I moulded a piece of leather to limb, laced it in front, had three inches added to sole of shoe of opposite foot and gave him a pair of crutches. This line of treatment was pursued until October 17, 1891, when in consultation with Dr. Sweeting, resection and wiring was again urged, to which patient readily consented.

The night before patient was prepared in usual manner, limb shaved and dressed antiseptically. On the 18th, assisted by Drs. Sweeting and Murray, Mr. E. was anæsthetized, limb prepared as night before. Incision now made on the anterior and outside of thigh six inches in length and carried down to bone; considerable time lost in clear-

ing away adherent muscle from end of upper fragment, which was completely embedded. About one hour was consumed in clearing lower fragment, and it was only by extending force of two men were we able to push it through incision, caused by chronic contraction of muscles. No attempt made by nature at union. About an inch was taken off each end. We were not able then to bring fragments in opposition, so that it was necessary, therefore, to take at least a half an inch more off both ends. Now started to drill through upper fragment; drill broke off in ratchet so that it could not be removed; we therefore had to abandon all hopes of wiring. Operation lasted two hours and fifteen minutes; limb drained and dressed antiseptically and placed on double inclined plane. Patient reacted well. On second day wound had to be redressed on account of blood having saturated through gauze; considered this a great disadvantage. On the 4th was greatly disappointed in finding pus. Irrigation of wound at once begun with corrosive sublimate 1 to 2,000. On the 29th all sutures removed, superficial wound healed nicely. Suppuration still going on in deep wound; could not redress wound without disturbing limb a great deal, therefore placed it flat on bed; used sand bags on outer and inner sides of limb, extension from the knee and elevation of bed; in spite of all antiseptic measures suppuration continued. Large abscess formed and was opened on the 12th of December. patient is getting exhausted from large amount of suppuration; has had several chills and profuse sweats. On the 30th of December discovered bed-sore on tip of cocyx; everything looks decidedly worse; impossible to evacuate pus as rapidly as it forms; called consultation; amputation agreed upon as only hope now. Assisted by Drs. Murray and Sweeting; amputation done on January the 3rd. Anterior flap made from without, inwards posterior by transfixion; upper fragment was so completely encapsulated that we decided to leave it alone, notwithstanding the presence of a drill left at first operation; there was no attempt at union, no callus had been thrown out around lower fragment; a small spot of necrosis was observed along linear aspera. Three very interesting osteophytes

were found in muscles, one about three inches long, the other two smaller in size; patient reacted well and made a good recovery. The failure to obtain bony union at first is not easily accounted for, because if any of the various diatheses known to interfere with the union of bone had existed, certainly union would not have occurred in the bones of the left leg. The only assignable cause for the failure to get union is the incorporation of muscle between the fragments at the time of accident.

### SYMMETRICAL GANGRENE OF THE LEGS, DUE TO ARTERIAL OCCLUSION.

**AMPUTATION—DEATH ON THIRD DAY FROM EXHAUSTION.**—John Kemp, age about 65, African. On a very cold night two weeks ago, he went from his camp without shoes. He was absent some time. When he returned he experienced considerable pain in both lower extremities, which felt very cold to him. He was advised to rub them with ice, which he did. Over two weeks elapsed without medical attention. I was called to see him on January 22, 1892. The old man was indeed a pitiable object, and scarcely realized his condition. Both legs were gangrenous from toes to top of calf muscles. In the left leg the gangrenous process was complete; line of demarcation was clearly defined. On right leg line of demarcation was not so distinctly marked, nor had bullæ all ruptured as they had in left, which was now dried and shriveled.

Advised amputation, after explaining to the old man his hopeless condition; that the process probably meant death whether left to nature or to the knife. He refused, so all that I deemed of importance now was disinfection, warm wrappings and a little quinine and whiskey. On 24th, assisted by Drs. Sweeting and Murray, I performed a double amputation, amputating left through tubercle of tibia, and right through lower third of thigh. Arteries were in an advanced stage of atheroma, so much so that the popliteal stood open after section. Operation lasted one hour and fifteen minutes; patient reacted well, but

died on third day while a religious meeting was being held in his room, from exhaustion, due no doubt to amount of blood lost at operation. The predisposing cause of the gangrenous process was due to the atheromatous condition of the blood vessels, and the determining cause his exposure to cold.

#### AMPUTATION OF THE PENIS FOR EPI- THELIOMA.

Geo. F., age 35, married, colored (coal burner). Two years ago first noticed a sore on prepuce, which did not yield to specific treatment; sore gradually involved glans of penis; whole head of penis is nearly destroyed, involving urethra of that portion. Patient suffers from increased frequency of micturition, urine having to be voided every few minutes in drop quantities; pain over bladder and lumbar regions; the organ is exceedingly offensive in smell; glands covering injured region are enlarged, and those also covering saphenous openings; they are painless. Patient is very emaciated. The diagnosis of epithelioma was made from carcinoma, by the growth having first attacked the prepuce, instead of glans penis; from syphilis, by the failure to yield to specific treatment. Amputation advised; patient consented readily. On May 5, 1891, patient prepared in usual way, assisted by Dr. Sweeting. I made an incision well behind growth, about an inch and a quarter from pubis, and carried it down through corpora cavernosa, to urethra, then forward quite half an inch in advance of incision above; urethra slit up and flaps sutured to surrounding parts; catheter placed in bladder and left for four days. Patient made a rapid recovery and gained considerable in weight. Examination granted ten months afterwards showed no evidence of return of growth. Lymphatics remained enlarged. Some contraction of urethra has taken place, giving rise to former vesical symptoms, which have been relieved by passing in a blunt pointed tenotome and dividing urethra on inferior surface.

J. B. MALONEY.

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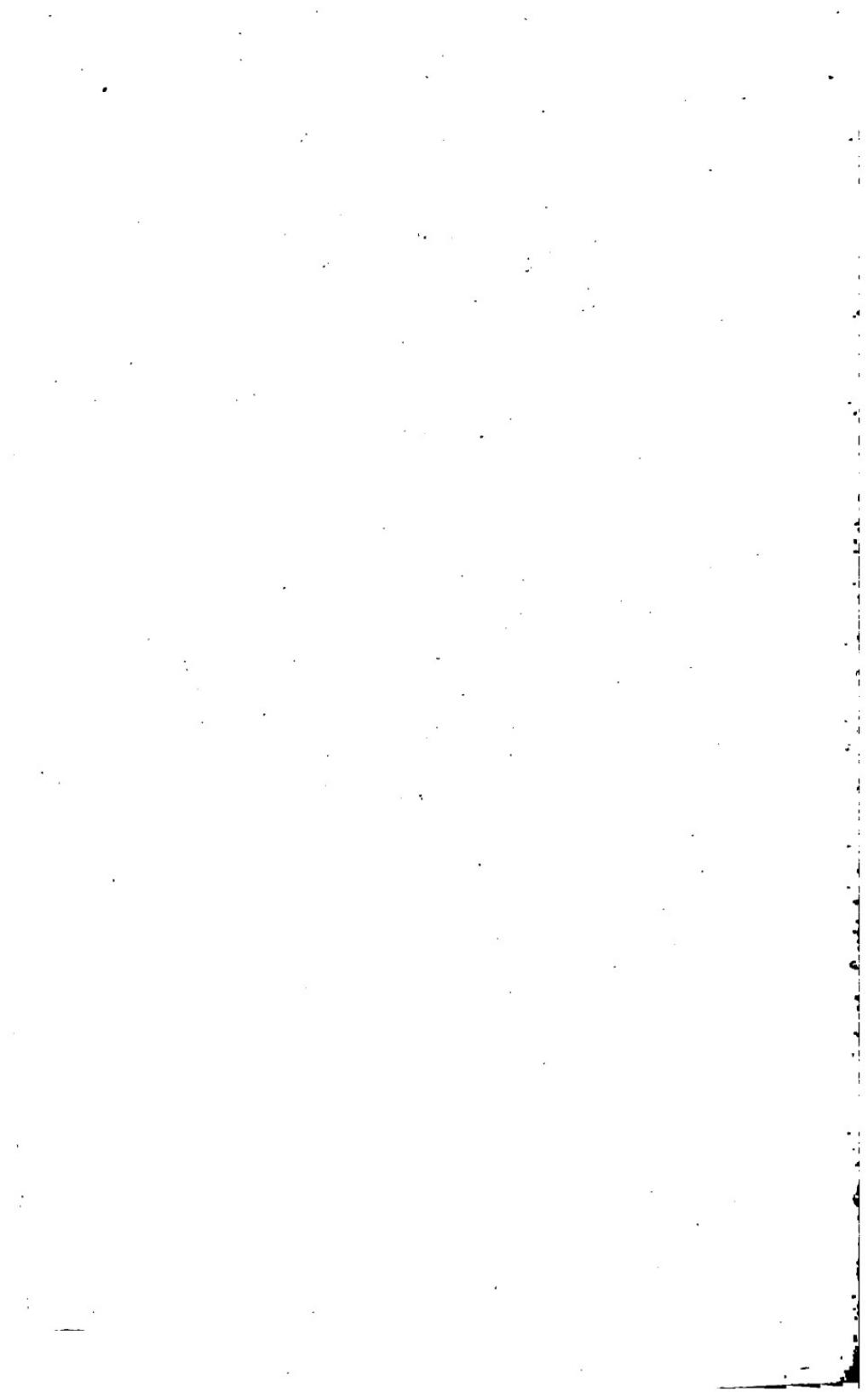
# **PROCEEDINGS**

**OF THE**

# **Florida Medical Association**

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**SEASON OF 1893.**



# PROCEEDINGS

OF THE

# FLORIDA MEDICAL ASSOCIATION.

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Season of 1893.

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JACKSONVILLE, FLA.:  
THE GARRETT PRINTING COMPANY.  
1893.



## Florida Medical Association.

JACKSONVILLE, FLA., April 5, 1893.

The Florida Medical Association convened in annual session in the city of Jacksonville at 12 o'clock noon, Tuesday, April 4, 1893, Dr. S. Stringer, President, in the chair.

The meeting was called to order by Dr. R. P. Daniel, chairman of the Committee on Arrangements and addressed as follows :

GENTLEMEN OF THE FLORIDA MEDICAL ASSOCIATION : As chairman of the Committee of Arrangements, appointed at the last annual session of this body, it becomes my duty to call you to order to-day. Permit me to welcome you, one and all, most heartily to our city and our homes. Welcome not only as an association of earnest, zealous members of a noble profession gathering here to-day from every section of our State to discuss and profit by our mutual experiences and views, and to strive thereby to promote the welfare of our fellowmen, but likewise, as individuals, doctors, friends and neighbors. Welcome to you, one and all, to our city of Jacksonville.

Doubtless the President of the Duval County Medical Society will himself confirm the invitation extended to the Florida Medical Association at its last annual session, that it would be the guest of our local society on this occasion.

A little more than nineteen years ago there assembled in this city, in response to a circular invitation or call issued by this same Duval County Medical Society, a few, very few, Florida physicians for the purpose of inaugurating and organizing a State Medical Association. The facilities and cost of travel were not then as now. It required more time and money and involved largely more fatigue and exposure to

1

come here from Key West or Pensacola then, than are now demanded in coming from almost any of the northern cities. But some few earnest, unselfish men did come and the Florida Medical Association was organized. Most of those few are missing from here to-day. Nineteen years bring many changes, and some sad ones, but our venerable first President, Dr. A. S. Baldwin is, I am happy to say, yet amongst us and here to join in welcoming you. Our little county society may thus well claim to be the mother of the State Association. The latter was a small and feeble infant at its birth and its early life was exceedingly precarious. Careful nursing was needed, means were limited and the mother kept her offspring alive only by patient and assiduous watchfulness. Trips abroad did not agree with it at first, so we were compelled, in the interest of this youngster, to keep it at home, and some jealous friends thought that Jacksonville desired to appropriate it. However, the child finally cut its eye teeth and learned to stand alone, left its mother and its birthplace and in latter years has traveled the length and breadth of our State; has even been to foreign shores. Strength and vigor have been gathered in its journeyings, numbers and interests have multiplied and now the feeble infant that once was returned to its first home is full of healthy, vigorous, young blood and has in active sympathy with it the best influences of our profession throughout the State. The Florida Medical Association is here to-day able and willing to do valiant service in the cause of science and humanity. I hope, gentlemen, that this annual session will be marked in the history of our Association as the most profitable, and permit me to add, the most pleasant reunion which it has ever had.

The Rev. V. W. Sheilds then invoked the blessing of the Almighty on the deliberations and labors of the Association. The chairman of the Committee on Arrangements introduced Dr. George Troupe Maxwell, who, on behalf of the Duval County Medical Society, welcomed the Association as follows:

**MR. CHAIRMAN AND GENTLEMEN OF THE FLORIDA MEDICAL ASSOCIATION:** I feel certain that you will permit me to express the honor I experience on this occasion in having the duty, the pleasing duty, devolve upon me of welcoming you in behalf of the Duval County Medical Society, but I am sure that you will unite with me in regretting the absence of its distinguished President. We recognize in you, gentlemen, the embodiment of the best intellect, the highest culture and the purest morals that belong to the faculty of medicine of the State, and as such, feeling that you are not only entertaining and pleasing, but instructive in your discussions—feeling that your examples are such as are worthy to be followed by all men—the Duval County Medical Society, through my humble self, offers you that hearty welcome which is extended with open hands and kindly hearts. Gentlemen, in behalf of the Duval County Medical Society, I bid you welcome to Jacksonville and trust that you will enjoy and profit also by the benefits to proceed from this assemblage.

Dr. Maxwell was followed by Dr. Henry Robinson, the Mayor of the city, who, as representative of its citizens, spoke as follows:

**MR. PRESIDENT AND GENTLEMEN OF THE FLORIDA MEDICAL ASSOCIATION:** I feel truly grateful to your Committee of Arrangements for giving me the opportunity to appear before your Association and express my unqualified pleasure in welcoming you to this, the principal city of our beloved State. Jacksonville always welcomes her guests with cordiality, but she is particularly open-hearted, when an organization like yours, to whom we are so largely indebted for our health and well-being, honors us with its presence. I am authorized by our citizens to bid you a most hearty welcome to our midst, and beg you to accept the hospitalities of our city. We fully realize, that of the three liberal professions, yours towers above them all, and the public demands more of its devotees. The young lawyer may have his trials in his early career, but if he is worthy and well qualified he has but to wait patiently for his opportunity, and fame and fortune will soon smile upon him. Courts and professional brethren

cheerfully aid him to ascend the rounds of the ladder of fame and liberal fees soon pour into his coffers.

The young clergyman starts out with a fixed stipend and however small it may be it is enough to protect him from want. His social position is assured and by diligent application to his duties he soon secures an enviable career and his promotion becomes but a matter of time. The young medical man starts out with hope alone. He has no salary to fall back upon, no retaining fees are offered him, he has no special opportunities, no hour of the day or night is his own, no glory and no notoriety await him. He spends a life of trials, sacrifices and struggles, and like Sisyphus, he has the endless and monotonous task of rolling his stone upwards and upwards again. But fortunately, unlike Sisyphus, the physician has a guiding star to illumine his path, and that is the consciousness of doing his duty to mankind to the best of his ability. He does not claim fame and fortune as his prime object in life, but feels that his mission is that of the Altruist in the social fabric, and a life of self abnegation is an ample reward for all his sacrifices.

Gentlemen, I see among you some of the faces of that little band, who in 1874 and '75, at a time when chaos reigned in the political and social affairs of this State, deemed it desirable to organize and bring together the isolated members of the medical profession into a fraternal bond. While some of the gentlemen who participated in the organization of your Association have gone to that bourne whence no traveller returns, yet it is gratifying to know that out of some thirty of the original members, about twenty still survive, and render useful service to their fellow men. Drs. Baldwin, Daniel, Sabal and others who participated in your first meeting are with you yet, and are ever ready to lend a helping hand to suffering humanity. And whilst my connection with the society ceased several years ago, I shall ever remember the pleasant reunions in which I took part, and in which I listened to the words of wisdom and experience from those Nestors of this Association. Under these circumstances I cannot but feel pleased to appear once again in your midst, and it is most

gratifying indeed to bid you one and all a most hearty welcome to the city, where your society had its birth and was nurtured in its infancy. Although I recognize that your deliberations will take up most of your time whilst here, I hope that you will be able to spare a few hours to enjoy the society of a people who welcome you with open arms.

In response to these warm greetings President Stringer said :

To Dr. Robinson as Mayor of Jacksonville and to you, Dr. Maxwell, as the representative of the Duval County Medical Society, I have the honor to express the thanks of the Florida Medical Association for these cordial greetings. It certainly demands our warmest response. From a long acquaintance-ship with the well known generosity of your city I cannot mistake your meaning, but believe that you speak from the impulse of the heart. I can see from your faces an unmistakeable welcome, and that you truly represent the sentiments of your people. It gives me pleasure to testify to the honor we feel in being thus received by a city whose spacious hotels, splendid means of transportation, and facilities for entertaining are not exceeded by any city in the South. Again let me thank you on the part of this Association with the assurance that we will certainly enjoy all that you offer us.

At the conclusion of his remarks the President, as the first order of business, appointed as a Committee on Credentials : Drs. Caldwell, Harris, Alexander and Drew.

On motion of Dr. Caldwell the reading of the minutes of the last meeting was dispensed with as they had been published.

The roll was called and the following members recorded as present :

|                          |               |
|--------------------------|---------------|
| Dr. M. T. Alexander..... | Apalachicola. |
| “ Henry Bacon.....       | Jacksonville. |
| “ A. S. Baldwin ....     | Jacksonville. |
| “ J. N. D. Cloud.....    | Newnansville. |
| “ F. H. Caldwell.....    | Sanford.      |
| “ W. R. Chalker.....     | Lake City.    |
| “ R. P. Daniel.....      | Jacksonville. |
| “ C. Drew.....           | Jacksonville. |

|                           |               |
|---------------------------|---------------|
| Dr. H. K. DuBois.....     | Port Orange.  |
| " J. H. Douglas.....      | Jacksonville. |
| " J. D. Fernandez.....    | Jacksonville. |
| " M. R. Gibbens.....      | Jacksonville. |
| " J. V. Harris.....       | Key West.     |
| " J. M. Perry.....        | Lakeland.     |
| " J. A. Pacetti.....      | Jacksonville. |
| " E. T. Sabal.....        | Jacksonville. |
| " C. B. Sweeting.....     | Key West.     |
| " S. Stringer.....        | Brooksville.  |
| " P. J. Stollenwerck..... | Jacksonville. |
| " A. J. Wakefield.....    | Jacksonville. |
| " L. W. Weedon.....       | Tampa.        |
| " N. A. Williams.....     | Macon.        |
| " A. L. Pendleton.....    | Key West.     |
| " F. D. Miller.....       | Jacksonville. |
| " G. C. Matthews.....     | Jacksonville. |

In presenting his annual address the President apologized for any imperfections, stating that only a few days since, he had felt very doubtful of his ability to be in attendance on the meeting and had hastily prepared his address and forwarded it to the Secretary in case he should be absent.

The closest attention was manifested during the delivery of the address and at its conclusion it was referred, on motion of Dr. Daniel, to a special committee, composed of Drs. DuBois, Caldwell and Sabal. (See Appendix for Address.)

The Secretary's Report was read and referred to the Publication Committee. (See Appendix.)

The Treasurer submitted his report showing a  
 balance on hand, April, 1892 of.....\$ 751.48  
 Collections since..... 360.00  
 Making a total of..... 1,111.48  
 Less expenditures amounting to..... 393.66  
 Leaving a balance on hand of..... 717.82  
 (See Appendix.)

Dr. Caldwell requested to be relieved from some of the committee work to which he had been appointed—suggested Dr. Daniel as more competent to serve on the Committee on President's Address, and solicited his substitution, which was done.

The report of Librarian, Dr. Douglas, was read and referred to the Committee on publication. (See Appendix.)

The Committee on Arrangements being called upon to report, Dr. Daniel, on behalf of the Committee asked for further time. The Committee was granted until the afternoon in which to report.

The President named Drs. Drew, Weedon and Williams a Committee on Necrology and the Association then adjourned to 3 o'clock p. m.

#### Afternoon Session.

The Association assembled at 3 o'clock p. m. The minutes of the morning session were read and approved.

Dr. Daniel, Chairman of Committee of Arrangements, reported that the Duval County Medical Society extended an invitation to the Association to go on an excursion up the river to-morrow, Wednesday afternoon, and that this had been planned in a way to interfere as little as possible with the working hours of the Association, and that the Duval County Society hoped it would be consistent with the ability and inclination of the Association to accept. The boat would leave the city at five o'clock in the afternoon, going up the river as far as Magnolia and returning between half-past eight and nine same evening.

The next order of business being the report of the Committee on Ethics, and none of said committee being present, the Secretary read the following letter and clipping forwarded

him by Dr. J. B. Maloney, of Key West, Chairman, regarding the case of Dr. Joseph R. de Armona, of Key West, which had been placed in the hands of the committee at the last annual meeting:

KEY WEST, FLA., March 31, 1893.

*To the Committee on Ethics:*

GENTLEMEN: I regret very much my inability to be present at the meeting of the Association so as to be able to render my report in person. I have examined into the case of Dr. Joseph de Armona, and wish to report that in my opinion he is as well fitted for membership as any of the other gentlemen already members of the Association who own drug stores. The only difference between Dr. Armona and the other proprietors of drug stores is Dr. Armona has over his door a sign "Consultations Free," and the others, although they have no sign up to the same effect, do not hesitate to prescribe for the sake of helping the drug store out. While I recognize the unfairness of such a scheme, the injustice done other members of the profession, who are serving one God, and who are practicing the art of healing only as it should be, yet I am unwilling to single Dr. Armona out and make him atone for the sins of the balance. A gentleman who has the degree of Ph. D. has as much right to be a member of the Florida Medical Association as a Doctor who stands behind the prescription counter and puts up his own medicines. I enclose you a little clipping from one of our Key West papers, to demonstrate to you that the man you are debarring from membership is not alone in this matter, nor is he quite so bad, because I have never yet seen in print his remarkable cures extolled. I send you also a paper. Glance over its columns of advertisements and see this Doctor advertising Dr. King's New Medical Discovery, the other, Dr. Bucklin's Arnica Salve, etc., and you will soon be convinced that I have taken the proper stand. The competition has become so great among some of the drug store doctors that one now writes for Doctor so and so's *fever powders* No. XII., cough mixture, No. II and so on. Let any of these gentlemen go to the large cities, such as New

York or Philadelphia and conduct the same business that they do here and see them get into even a County Medical Society. It would be an impossibility. They would not even dare to aspire so high. They would have to organize a society of their own if they desired to belong to any at all.

Respectfully, etc.,

(Signed) JOHN B. MALONEY, M. D.,  
Chairman Com. on Ethics.

[Copy of Clipping Enclosed.]

**IT IS MOST EFFECTIVE.**

*Dr. Fraga, Esq.:* I consider your vermifuge to be the most effective medicine for worms ever compounded. My daughter Rose, six years of age, expelled with the first dose (a teaspoonful) fifty-eight worms, and with the second, an innumerable quantity of them. My daughter Nathalia expelled quite as many.

Yours, EDWARD VALLE.

August 1, 1891.

The reading of this letter and newspaper extract raised a question connected with the position of Dr. Manuel Fraga, of Key West, in the Association, and upon motion of Dr. Caldwell, a special Committee on Ethics was appointed for the adjustment of these matters and any other business which might demand its attention during the present session of the Association. The President nominated Drs. Caldwell, Lancaster and Daniel to constitute said committee.

On motion of Dr. Caldwell, the President appointed Dr. Izlar to fill the vacancy on the Committee on Accounts occasioned by the absence of Dr. W. E. Anderson.

The Committee on Publication made the following report, which on motion of Dr. DuBois, was received and ordered filed:

The Publication Committee respectfully report that after revising the material placed in its hands by the Secretary, an edition of 500 copies of the Proceedings for 1892 was contracted for with the DaCosta Printing and Publishing Co. and published at a cost of \$151.86. The paper of Dr. W. H.

Ross on "The Climatic Treatment of Pulmonary Tuberculosis" was returned to Dr. Ross at his own request for further elaboration, and owing to unforeseen circumstances, it failed to reach the committee in time for publication. The paper of Dr. O. E. Worcester, entitled "Report of a Case of Diphtheria," was returned to the author, as in the judgment of the committee, its publication would have been unwise.

Dr. Daniel, Chairman of the Committee of Arrangements, submitted the following invitation from Dr. Henry Bacon :

JACKSONVILLE, FLA., April 4, 1893.

*To the President and Members of the Florida Medical Association :*

GENTLEMEN: It has been my desire to provide each member of the Association, not a resident of Duval county, with a card to the Seminole Club of this city. As there are many members who will arrive late, and with whom I am not personally acquainted, I fear it will be impossible. However, I trust all will consider this a sufficient invitation and will avail themselves of its privileges during their stay.

Cordially yours,

(Signed) HENRY BACON.

The reports from County Medical Societies now being in order, Dr. R. P. Izlar, as delegate from the Marion County Medical Society, submitted the following :

OCALA, FLA., April 4, 1893.

*To the Florida Medical Association :*

GENTLEMEN: Since the verbal report from the Marion County Medical Society, one year ago, by Dr. C. C. Harris, our membership has increased wonderfully. We now have twenty-five active members in good standing. Our meetings, which are held every month, are always characterized by good attendance and harmonious feeling. Papers of great value have been contributed during the year. We have lost by death two members, and by removal one, since our last report. The law to regulate the practice of medicine and surgery in this State has not been enforced in Marion county. There are many so-called practitioners who seem to defy the law and

practice quackery on all who may apply. Now, Marion County Medical Society, as a regular recognized body, appeals to the Board of Medical Examiners of the Fifth Judicial District of Florida and to the Florida Medical Association for protection. The State's Attorney, in answer to a communication from our Society, stated that it is the duty of any citizen to see that the law is duly executed. But gentlemen of the Florida Medical Association, "anybody's business is nobody's," and quackery reigns supreme. Cannot the Board of Medical Examiners of each Judicial District be compelled to prosecute all illegal practitioners of medicine and surgery in their respective districts? If not, why not?

We also wish to call the attention of this Association to the necessity of having appointed a competent board of health for each and every county in the State. The Boards of Health at present, so far as we can ascertain, are far from what they should be. We, as physicians and guardians of the public health, should look well into the sanitary relations of our towns and cities. If we do not, ere we are aware of the fact, some dread monster of disease will be in our midst. As the Governor has the appointment of all boards of health in his hands, we think it advisable that each Society should suggest able men for said positions and not leave the appointment entirely in the hands of laymen, as has heretofore been the case.

All of which is respectfully submitted.

W. MOODY, M. D., President.

R. P. IZLAR, M. D., Secretary.

On motion of Dr. Daniel, the report of the Marion County Medical Society was referred to the Committee on Ethics.

Dr. Perry called for a report from the Committee on Credentials, stating that until this report was rendered, more or less embarrassment attached to the positions occupied by the several delegates from County Medical Societies, and those gentlemen present not as yet members of the Association. Dr. Caldwell, on behalf of the Committee, stated that it would be unconstitutional to make the report until the second day.

He moved, however, that all physicians present be accorded the privileges of the floor with the exception of the right to vote, which was carried, and to relieve the situation respecting delegates from County Medical Societies, the Committee on Credentials reported Drs. R. P. Izlar and W. V. Newsom delegates from the Marion County Medical Society, Drs. R. A. Lancaster and J. H. Hodges, delegates of the Alachua County Medical Society, and Drs. A. D. Williams and R. B. Burroughs delegates from Duval County Society.

Dr. Lancaster stated that the delegates from Alachua County Medical Society had no written report to make, but that their Society was alive and had six members participating in the present session of the Association.

Dr. A. D. Williams asked for further time in which to render the report of the Duval County Medical Society, which was granted.

No other reports from County Medical Societies being presented, the Association proceeded to the reception of reports from District Medical Examining Boards.

Dr. W. R. Chalker, as a member of the Board of the Third Judicial Circuit, made the following verbal report :

Our Board is thoroughly organized and in good working condition. We hold regular meetings and subject all applicants to thorough examinations. Our last meeting was held on the 22d of September, when we examined and licensed two physicians, making in all, fifty-two in our district. Our meeting for this year has not been held yet; it will be on the 12th inst. There is some little irregular practicing in our district, but I think we shall soon be able to prevent it.

As there were no further reports from the Medical Examining Boards, the Secretary read a letter from the National Bureau of Medical Bibliography at Washington, D. C., announcing their ability and desire to furnish complete bibli-

graphies of any given subject in medicine or surgery. The letter was ordered filed.

The following communication from the Secretary of the Pennsylvania Medical Association was presented by the Secretary, read and referred to the Committee on Ethics, with request to report to-morrow.

PHILADELPHIA, PA., May 20, 1892.

DEAR SIR: At our session held this day in Harrisburg, the following resolutions were adopted:

*Resolved*, That the Medical Society of the State of Pennsylvania hereby expresses its highest disapprobation of the practice of giving certificates or testimonials to secret preparations alleged to be of medicinal virtue, and calls the attention of the affiliated county societies to the fact that such action on the part of members of the said societies is in derogation of the dignity of the profession, and in violation of the letter and the spirit of the code of ethics of the American Medical Association and of this Society.

*Resolved*, That this Society likewise expresses its disapprobation of the practice of inserting advertisements of secret preparations in the columns of medical journals, such action being an insult to the intelligence of the profession, and a degradation of journals indulging therein to the level of the patent medicine almanac. Especially to be condemned is the action of the *Journal of the American Medical Association* in admitting such advertisements.

*Resolved*, That copies of these resolutions, duly attested by the permanent secretary, be sent to all county societies in affiliation with this Society, to the American Medical Association, to State medical societies in affiliation therewith and to the publishers and editors of American medical journals.

Yours respectfully,

Wm. B. ATKINSON,

Permanent Secretary.

The resignation of Dr. Robert Gamble, of Tallahassee, was read and accepted, and the Secretary was authorized to notify him thereof.

Dr. N. A. Williams stated that he had a patient with him, whom he would like to bring before the Association at the next days session in order that the case might be seen and

discussed. Three o'clock was fixed as the hour for the consideration of the case.

Dr. Weedon's motion that the Association take up the reading of papers was lost, a motion made by Dr. Harris to postpone until to-morrow's session prevailing.

Dr. A. D. Williams, on the part of the confederate Veterans' Association cordially invited the members to participate in the Confederate Veterans' Reunion to be held in this city on the 5th and 6th. The thanks of the Association were returned.

During the afternoon session the following members arrived and reported to the secretary:

|                            |              |
|----------------------------|--------------|
| Dr. J. M. Jackson, Jr..... | Bronson.     |
| " W. V. Newsom .....       | Summerfield. |
| " R. P. Izlar .....        | Ocala.       |
| " R. A. Lancaster.....     | Gainesville. |
| " J. H. Hodges .....       | Gainesville. |
| " R. H. Dean.....          | Leesburg.    |
| " W. C. Johnson.....       | Micanopy.    |
| " O. S. Clyatt .....       | Judson.      |
| " G. W. Strickland.....    | Waldo.       |
| " J. F. McKinstry .....    | Gainesville. |

On motion of Dr. DuBois an adjournment was taken until 8 o'clock p. m., the hour appointed for the annual oration.

### Evening Session.

JACKSONVILLE, FLA., April 4, 1893.

The Association was called to order promptly at 8 o'clock p. m., and the orator for the occasion, Dr. J. V. Harris of Key West, delivered an address on "The Practice of Medicine" which was listened to with marked attention by the members of the Association and the invited guests present, and at its close the thanks of the Association were tendered

the author for the able, learned and exhaustive manner in which he had treated the subject. (See Appendix.)

On motion of Dr. DuBois a recess of ten minutes was taken.

On the resumption of business Dr. Fernandez gave notice of his intention to move an amendment to Article X of the Constitution, making the annual dues three instead of five dollars.

Dr. Daniel at the request of the State Health Officer, who was unable to be present, extended a cordial invitation to the members of the Association to visit and examine the office of the State Board of health. The thanks of the Association were returned.

On motion of Dr. Harris, the action of the afternoon session postponing the reading of papers until the next day was reconsidered, and, on Dr. Lancaster's motion, papers were taken up, and as Chairman of Section on Medicine, he said:

**MR. PRESIDENT AND GENTLEMEN:** As Chairman of the Committee on Medicine I wish to raise my voice in a plea for more time to be devoted to the reading and discussion of papers. Our members feel little courage to prepare papers for this Association when the time is so grudgingly given for their consideration. By "so grudgingly," I mean that there is so little time allotted to this, I should say, most important work of the Association, that the papers must be hurried over. It is true that after being printed in our proceedings these papers can be read and studied at leisure, but it is from the free and full discussion of a paper that we can hope for most instruction. In the *brochure* we have one man's views, in the discussion we get the views of many.

The Florida Medical Association has grown to such an extent that it is no longer feasible, in my opinion, to compass its work in two days. Let us not attempt to close this, our twentieth annual meeting before Thursday evening or Friday morning. Surely this will be little enough time to devote to

the varied interests of this Association. If it seems impracticable to give so many days to the Association, then I would suggest that we instruct the next chairman of our Committee of Arrangements to make no plans for our entertainment which would consume time that might otherwise be devoted to the reading and discussion of papers.

Another obstacle to securing papers is that members have not felt privileged to offer such papers to medical journals until (usually after several months delay) they have been published in our printed proceedings. Before this meeting adjourns, therefore, I shall offer a resolution to the effect that copies of papers written for the Florida Medical Association may be disposed of as their members see fit, provided only that a copy of the same be left in the hands of the committee on publication, and that it shall always be credited to this Association.

Since our time must necessarily be limited, I would suggest that we make it a rule—unwritten rule perhaps—that where authors of papers are not present their papers be read by title only and referred to Publication Committee, unless by formal vote the Association elects to have them read. This I suggest for obvious reasons.

In this day of progressive journalism when every physician is amply supplied with excellent monthly, weekly or even daily medical journals, it is no longer desirable, I think, to make an exhaustive report on the progress of the branches of which we are chairmen. Instead of such a report, therefore, I have written a paper which I am prepared to hear much criticised, for I am aware that a large proportion of my confreres will differ from my conclusions.

On the introduction of the first paper, Dr. Caldwell requested that the reading of the paper be deferred until Wednesday, as there were members absent whom he knew were desirous of participating in its discussion.

A resolution being again introduced to postpone the reading of papers and failing, Dr. Caldwell moved an adjournment until 9:30 A. M. Wednesday, which prevailed.

**Morning Session.**

JACKSONVILLE, FLA., April 5, 1893.

The Association convened at 9:30 A. M. The minutes of the afternoon and evening sessions of April 4th were read, corrected and approved.

A letter was presented by the Secretary from Dr. G. W. Betton, of Tallahassee, enclosing the application of Dr. G. W. Gunn (colored), of the same city, for membership in the Association. The presentation of this application called forth considerable discussion regarding the procedure in the handling of applications, and resulted in the application being referred, by motion of Dr. Hodges, to the Committee on Credentials.

Adverting to the invitation of the Duval County Medical Society extended yesterday, Dr. Lancaster moved the acceptance of the invitation, and that the thanks of the Association be returned.

The Committee on Credentials reported as delegates duly ascribed to the Association, Doctors R. A. Lancaster and J. H. Hodges, Alachua County Medical Society; R. B. Burroughs and A. D. Williams, Duval County Medical Society; R. P. Izlar and W. V. Newsom, Marion County Medical Society.

The Committee on Credentials reported the following names as applicants for membership:

|                       |              |
|-----------------------|--------------|
| W. L. Moore .....     | Tallahassee. |
| R. R. Grant.....      | Mandarin.    |
| Henry Coleman .....   | Mandarin.    |
| G. E. Welch.....      | Palatka.     |
| E. L. Stewart.....    | Starke.      |
| C. T. Henderson ..... | Lakeland.    |
| W. H. Cyrus .....     | Palatka.     |

J. C. Preston .....Dade City.  
T. S. Anderson.....Branford.

and recommended their election. On motion the Association went into the election of new members, Doctors DuBois and Webb being appointed tellers. The balloting resulted in the election of all the above named gentlemen.

The Committee on Credentials, through Dr. F. H. Caldwell, chairman, reported further as follows:

Your committee, to whom was referred the application of Dr. G. W. Gunn, of Tallahassee, begs leave to report that the committee is divided in its opinion and respectfully refers the application back to the Association for its final disposition.

On motion of Dr. J. W. Jackson, Jr., the matter was laid on the table.

The special Committee on Ethics, through its Chairman, Dr. F. H. Caldwell, submitted the following:

Your special Committee on Ethics beg to make the following report on the papers and communications referred to it:

First—Communication from Dr. J. B. Malone, Chairman Committee on Ethics, in reference to a Dr. Armona, of Key West. After carefully considering the above communication, it is our opinion that Dr. Armona should not be admitted to membership in this Association.

Second—It is the opinion of your committee that charges of unprofessional conduct should be made against Dr. Fraga on the ground that he is advertising a testimonial of the efficacy of a certain vermifuge of his own compounding, ingredients not known. See attached advertisement. Both of the gentlemen are violating Sections 4 and 5, Article I, "Duties for the Support of Professional Character" of the Code of Ethics of the American Medical Association.

Third—In reference to that portion of the report of the Marion County Medical Society which refers to the punishment of illegal practitioners, your committee would respectfully suggest that it is the duty of each and every physician i

the State to report to his district attorney, (or where there is a county criminal court to the prosecuting attorney of such county), all violations of the law regulating the practice of medicine; and where such officer, when notified, fails to prosecute, it would be advisable to communicate the facts to the Governor or Attorney General.

Fourth—In reference to letter of W. B. Atkinson, M. D., Permanent Secretary of the Medical Society of the State of Pennsylvania, concerning the giving of certificates and testimonials to secret preparations alleged to be of medicinal value and to the publication of advertisements of secret preparations in our medical journals, it is the opinion of your committee that the point is well taken, and we respectfully suggest that Dr. Atkinson be notified that the resolutions as read are hereby endorsed by this Association.

There are other cases before your committee, and they respectfully request to be allowed to make a supplementary report if found necessary.

On motion of Dr. Webb, the report was received and ordered filed.

Dr. N. A. Williams introduced the following resolution :

*Resolved*, That the Association recommend that 500 copies of that part of the report of the Committee on Ethics referring to violations of the Medical Practice Act of 1889 be published and distributed among the members of this Association and all legal practitioners of medicine.

Which was carried.

On motion of Dr. Hodges, the Standing Committee on Ethics was directed to prepare and present charges against Dr. Manuel Fraga, of Key West, in accordance with the findings of the Special Committee on Ethics, as to his unprofessional conduct, with the request that they report at the next meeting.

The Committee on Accounts rendered the following report, which was received and ordered filed :

We, the Committee on Accounts, have to report that we

have carefully examined the books and vouchers of the Treasurer and find the same accurately and neatly kept.

Dr. Fernandez, in accordance with his previous notice, moved an amendment to Article 10 of the Constitution, providing for a reduction of the annual dues from \$5 to \$3. The motion was carried unanimously and the Constitution amended.

Dr. Lancaster gave notice that he proposed to move an amendment to the Constitution, Section 3, Article III, to insert after the word "residence" the words "and are legalized practitioners of medicine."

Dr. DuBois, on behalf of the Committee on President's Address, submitted the following report, which was adopted:

The committee to whom was referred the President's Address, would respectfully submit the following report: After a careful consideration, we commend it as an admirable and practical essay. The points that seem to require special consideration are, first, with reference to an amendment to the Code. This committee does not favor a change from the one now recognized by the American Medical Association. Second, we do not believe the time for this Association to settle upon a permanent place of meeting has yet arrived. In reference to the so-called national assumption of quarantine supervision, we suggest that it would be well to have an expression on the part of our Association, at this time, of the opinion and judgment of this body as to the advisability of having the General Government assume control of our maritime and foreign quarantine administration, and in what form and to what extent the exercise of such control would most effectively protect and promote the health and interests of our people and State. In the opinion of this committee there is no necessity for a change in the manner of auditing accounts. We commend and endorse that portion of the President's Address in which the report of unsuccessful cases is suggested.

H. K. DUBOIS, M. D.,

R. P. DANIEL, M. D.,

E. T. SABAL, M. D.,

*Committee.*

At the request of Dr. Daniel, the following telegram, just received, was read:

KEY WEST, FLA., April 5, 1893.

*Dr. R. P. Daniel, Chairman Committee Arrangements,*

*Jacksonville:*

Please present my regards to Association and regrets that circumstances deprive me of the pleasure of attending. Though absent, wish to be counted present in all things tending to prosperity of Association and elevation of medical profession of Florida. Best wishes for a pleasant and prosperous meeting.

(Signed) JOSEPH Y. PORTER.

The reading of papers being announced in order, Dr. L. W. Weedon, of Tampa, read a paper entitled "Chronic Hypertrophic Rhinitis," which, at its conclusion, was discussed and referred to the Committee on Publication. (See Appendix for paper.)

Dr. J. H. Hodges, of Gainesville, read a paper on "The Human Brain," the discussion of which was postponed, at Dr. Caldwell's suggestion, to be taken up at the time of the presentation of the patient of Dr. N. A. Williams at the afternoon session.

Dr. F. F. Smith, of St. Augustine presented and read a paper on "Cholera," which was referred to the Committee on Publication. (See Appendix.)

A paper on "Malarial Haematuria," by Dr. J. N. D. Cloud, of Newnansville, provoked prolonged discussion, which was participated in by many members of the Association. (Paper and discussion in Appendix.)

During the session, Dr. C. R. Oglesby, of Pensacola, and Drs. F. F. Smith and DeWitt Webb, of St. Augustine, arrived and reported to the Secretary.

On motion, an adjournment was taken until 3 o'clock p. m.

### Afternoon Session.

JACKSONVILLE, FLA., April 5, 1893.

The President called the Association to order at 3 o'clock. The minutes of the morning session were read and approved.

Dr. J. D. Fernandez tendered his resignation as Treasurer of the Association. By resolution of Dr. F. H. Caldwell, it was laid on the table.

The Association then proceeded to the consideration of papers. Dr. N. A. Williams presented his case and described the course adopted with the patient, who was present.

On motion of Dr. DuBois, his statement and the discussion of the case was referred to the Publication Committee. (See Appendix.)

In connection with Dr. Williams' case, the paper of Dr. J. H. Hodges on "The Human Brain," which had been read at the morning session, was taken up and discussed. On motion, it was referred to the Committee on Publication. (See Appendix.)

The next paper was on "The Use of Iodide of Potash in Tertiary Syphilis," by Dr. R. P. Izlar, of Ocala. Discussed and referred to the Committee on Publication. (See Appendix.)

Dr. DeWitt Webb, of St. Augustine, submitted a paper on "The Influence of Immaturity and Degeneration in Some Forms of Thinking," which was listened to with marked interest and referred to Publishing Committee. (See Appendix.)

Dr. L. W. Weedon, of Tampa, on behalf of the medical profession and citizens of Tampa generally, cordially invited the Association to hold its next meeting in that city, stating his inability to be present during the continuance of the

present meeting as an explanation for introducing the subject at this time and requesting his friends and the friends of Tampa to urge the acceptance of the invitation.

On motion, the Association adjourned until 9:30 A. M.

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### Morning Session.

JACKSONVILLE, FLA., April 6, 1893.

The Association assembled pursuant to adjournment of yesterday, President Stringer in the chair.

The minutes of the afternoon session of the 5th were read, corrected and approved.

The Secretary presented the application of Dr. G. H. Altree, of Sanford, for membership in the Association, the Committee on Credentials having reported favorably on same, and upon motion of Dr. Lancaster, the Secretary cast the vote of the Association in the affirmative.

The Committee on Ethics, through Dr. Caldwell, its Chairman, reported that the committee recommended that the charges preferred against Dr. A. L. Pendleton by Dr. C. B. Sweeting, both of Key West, which had been brought to the attention of the committee through a communication from Dr. Sweeting, be referred to the Standing Committee on Ethics to be appointed for the ensuing year. Which report was received and adopted.

The Committee on Necrology reported as follows:

WHEREAS, It has pleased Almighty God, in His infinite wisdom, to remove from our ranks by death, the late Doctors D. C. Judson and A. A. Alston, therefore be it

*Resolved*, By this Association, that we find it difficult to find words wherewith to express our kindly regard and respect for our friends and brother physicians, who have entered before us upon their eternal rest.

*Resolved*, That it is the wish of this Association that their names be inscribed upon the pages of our records among the names of those of our members who have died in the faithful discharge of duty.

C. DREW,  
L. W. WEEDON,  
N. A. WILLIAMS,  
*Committee.*

On motion of Dr. Lancaster, this report was received and adopted.

On motion of Dr. Izlar, the regular order of business was waived in order that the Association might go into the election of officers for the ensuing year.

Dr. J. F. McKinstry, of Gainesville, and Dr. Frank H. Caldwell, of Sanford, were nominated for President. Dr. DuBois positively declined to have his name placed before the Association.

On the first ballot, Dr. Caldwell was elected, and on motion of Dr. McKinstry, the election was made unanimous.

Dr. Caldwell suggested the name of Dr. A. J. Wakefield, of Jacksonville, for Vice-President, and he was unanimously elected.

Dr. R. H. Dean nominated Dr. R. P. Izlar, of Ocala, for Second Vice-President, and the Secretary was authorized to cast the vote of the Association in the affirmative.

Dr. Caldwell then introduced the following resolution, which was adopted :

*Resolved*, That the essential points in the law regulating the practice of medicine be published in connection with that portion of the report of the Committee on Ethics, already ordered published.

Dr. Lancaster offered the following resolution, which after consideration as to whether or not there was a constitutional provision to the contrary, or a resolution of a previous session bearing upon the point, was duly adopted :

**Resolved**, That authors be permitted to dispose of their papers as they see fit after having read them before this Association ; provided only that they leave copies thereof in the hands of the Publication Committee, and that all such papers be credited to this Association.

Dr. Lancaster presented his resolution of the day before to amend Section 3, Article III of the Constitution, and after prolonged discussion, the Section was amended to read as follows :

" Permanent members shall consist of regular physicians of good standing, who are members of a properly constituted County Society, or who are residents and legalized practitioners of medicine and graduates of recognized schools of medicine, of any county in which there is no medical society within twenty miles of their residence. All applicants for permanent membership must be nominated by a member of the Association and be elected by three-fourths of the votes present ; they must pay the assessment and as soon as practicable sign the Constitution."

The Chairman of the section on Medicine solicited action looking to the disposition of Dr. Webb's paper, which had been read at the afternoon session on the 5th. On motion of Dr. Caldwell, it was placed in the hands of the Publication Committee. (See Appendix.)

Dr. Lancaster's paper, entitled " Simple Continued Fever," on motion of Dr. Cloud, was taken up next, though out of the regular order, with a view of affording those members who expected to depart during the morning session an opportunity of hearing and discussing it. This paper called forth a spirited discussion and at its close was referred to the Committee on Publication. (See Appendix.)

During the discussion of this paper, Dr. N. A. Williams moved to adjourn to accept the invitation of the Confederate Veterans to participate in an excursion to their Home for Disabled Confederates and to discuss a barbecue thereat,

which motion was lost; one in favor of simply thanking the Veterans for the courteous invitation, prevailing.

At the urgent solicitation of Dr. H. K. DuBois, he was permitted to withdraw his paper "Croup—Diphtheria," with the privilege of presenting it at the next annual session.

A paper on "Asthenopia," by Dr. C. Drew, of Jacksonville, was next attentively listened to, discussed and referred to the Publication Committee.

On motion of Dr. Oglesby, the Association permitted him to read "Some Practical Remarks on Chloroformization," by Dr. J. Harris Pierpont, of Pensacola. The paper was discussed and referred to Committee on Publication. (See Appendix.)

President Stringer introduced the new President, Dr. Caldwell, in the following words:

"It gives me great pleasure indeed to introduce to you your President for the ensuing year. Your selection is certainly very happy, because I regard Dr. Caldwell as one of the most enterprising and most energetic members of this Association; he is constant in attendance, never fails to enter into the discussions, never fails to produce papers, and has manifested a very lively interest at all times. I, therefore, think you have made a good selection and compliment you on the same."

In accepting the gavel, President Caldwell thanked the Association in the following language:

GENTLEMEN:—I am sorry I have not the eloquence of the retiring President, or the vivid immaginations of some of the gentlemen on the floor; if so, I might be able to address you fittingly. As you all know, I am of a most retiring nature and very diffident about addressing bodies of people, and am not in the habit of making public speeches; but it is fitting for me to thank you for the honor conferred upon me, and I more especially appreciate it as it had not entered my head that such action was contemplated. I have ever tried to make myself as busy as I could on the floor of the house, and I feel that it is sort of "bottling" me up to put me here, and if it

had been left to my preference, I would have remained where I was ; but I shall endeavor to promote the interests of the Association in the intervals between the meetings, and at the next meeting will see that the transactions are conducted in a business-like and prompt manner. Thanking you again, I call for nominations for the next place of meeting.

In order to accommodate certain members who were compelled to shortly leave for their homes, the Association proceeded with the consideration of its next place of meeting. Tampa, Jacksonville and Gainesville were nominated, and urgent invitations extended by the representatives of each. After the casting of several ballots, Tampa was selected. Dr. Lancaster moved "That the Association hold its next convention in Tampa, Fla., on the second Tuesday in April, 1894," which was carried.

The Association then adjourned until 3 o'clock P. M.

#### **Afternoon Session.**

JACKSONVILLE, FLA., April 6, 1893.

The Association assembled at 3 o'clock, the newly elected President, Dr. F. H. Caldwell, presiding.

The minutes of the morning session were read and approved.

On motion of Dr. Oglesby, the action of the morning respecting the selection of the second Tuesday in April, 1894, as the date for the next annual meeting was reconsidered and the third Tuesday in March finally fixed upon.

The President announced the appointment of the following committees for the ensuing year :

#### **CHAIRMEN OF SECTIONS.**

|                        |                        |                |
|------------------------|------------------------|----------------|
| Medicine.....          | Dr. J. H. Hodges ..... | Gainesville.   |
| Surgery.....           | Dr. R. P. Izlar .....  | Ocala.         |
| Hygiene .....          | Dr. DeWitt Webb .....  | St. Augustine. |
| Gynecology.....        | Dr. W. R. Chalker..... | Lake City.     |
| Diseases of Children.. | Dr. J. H. Douglas..... | Jacksonville.  |

**COMMITTEE ON PUBLICATION.**—Drs. J. H. Douglas, F. J. Stollenwerck, Sollace Mitchell.

**COMMITTEE ON ACCOUNTS.**—Drs. J. M. Jackson, C. Drew, J. D. Fernandez.

**COMMITTEE ON ETHICS.**—Drs. R. P. Daniel, R. A. Lancaster, H. K. DuBois.

**COMMITTEE ON ARRANGEMENTS.**—Dr. Leslie W. Weedon, with power to add.

**ORATOR.**—Dr. C. R. Oglesby, of Pensacola.

**SPECIAL COMMITTEE ON COMPILATION OF CONSTITUTION.**  
Drs. J. D. Fernandez, C. Drew, F. D. Miller.

**DELEGATES TO AMERICAN MEDICAL ASSOCIATION.**—Drs. Sollace Mitchell, Andrew Anderson, M. T. Alexander, W. F. Fordham, J. T. Green, W. H. Cyrus, J. A. Jackson, J. F. Lynch, Andrew McBride, N. D. Phillips, J. B. Maloney and C. R. Oglesby.

On motion the Association resumed the reading of papers; those whose authors were absent being read by title only, unless by formal action it was decided otherwise.

In the absence of Dr. Neal Mitchell his paper "A Report of a Case of Perforating Typhoidal Ulcer Simulating Appendicitis" was read by title and referred to the Publication Committee.

By formal vote a paper entitled "The Importance of Vital Statistics" by Dr. Joseph Y. Porter, of Key West, was ordered read and referred to the Publication Committee.

Dr. Lancaster moved that "one thousand" be substituted for "five hundred" in the resolution introduced by Dr. N. A. Williams, respecting the printing of that portion of the report of the Committee on Ethics, relating to their recommendation that physicians should report illegal practitioners to the proper prosecuting officers and the publication of certain parts of the law regulating the practice of medicine, which was adopted.

The explanation of Dr. S. Stringer as to his not having

prepared and being ready to read his paper, named on the programme, was received as entirely satisfactory.

The Secretary presented a letter from Dr. O. E. Worcester, enclosing a paper on the Section of which she was chairman, which paper was referred to the Committee on Publication.

The Secretary reported that he had promptly complied with the instructions of the Association and had issued certificates of membership to the members of the Association in accordance with the terms of resolution adopted at the Nineteenth Annual Meeting. He further stated that the copy forwarded Dr. R. D. Murray, of Key West, had been returned to him without other comment than the words, "Not correct. Not dated. Not signed." written across its face. On motion of Dr. Baldwin the Secretary was directed to ask Dr. Murray for an explanation as to his thus returning the certificate of the Association.

Dr. R. P. Daniel offered the following resolutions, which were unanimously adopted :

*Resolved*, That it is the sense of this Association that not only constitutional right but duty authorize and demand that our National Government should assume the entire control and charge of all foreign and seacoast quarantine administration in the United States; it being as much the province and responsibility of the latter to guard and protect us against invasion by disease as against the more patent, but less dangerous, hostile forces of foreign nations.

*Resolved*, That the Secretary be directed to forward a copy of these resolutions to the Governor of Florida and likewise to our Senators and Representatives in Congress.

*Resolved*, That we believe that the administration of such sanitary legislation as may be deemed necessary for the protection of life and promotion of health within our own State and domestic relations should belong to and be under State control and authority: we, however, deprecate the exercise of undue party and political influences in the selection of our health officials as not calculated to sustain and promote the efficiency of this very important branch of the public service.

*Resolved*, That a copy of this resolution be forwarded to the Governor of our State by the Secretary of this Association.

On the entrance of Dr. A. J. Wakefield, the recently elected First Vice-President, the President appointed Drs. Lancaster and Preston to escort him to the chair of the First Vice-President. After thanking the Association for the honor conferred he resumed his seat in the body of the House.

Dr. Oglesby presented and read a paper entitled "The Therapeutics of Ergot in the Reduction of Uterine Fibroids," which was referred to the Committee on Publication.

The Secretary read the following report which had just been placed in his hand by a messenger from the Suwanee County Medical Society:

The Medical Association of Suwanee County organized in January, 1893, with a membership of all the physicians in the county, thirteen in all, has since held well-attended and interesting quarterly meetings. No papers of great interest have as yet been presented to the Society, but much interesting discussion has been provoked by clinical cases presented at the meetings. The members furnish annually to each other a list of "slow pay people," much to the benefit of mutual collections. The Society is now well organized with a strong constitution, by-laws and fee bill. One of the good results of the Association has been the establishment of an efficient Board of Health in our county. The next regular meeting will be held on the 12th instant. The present officers are: President, Dr. S. T. Overstreet; Vice-President, Dr. T. S. Anderson; Secretary, Dr. H. F. Airth, and Corresponding Secretary, Dr. W. S. Airth.

On motion of Dr. Stringer the report was received and ordered filed.

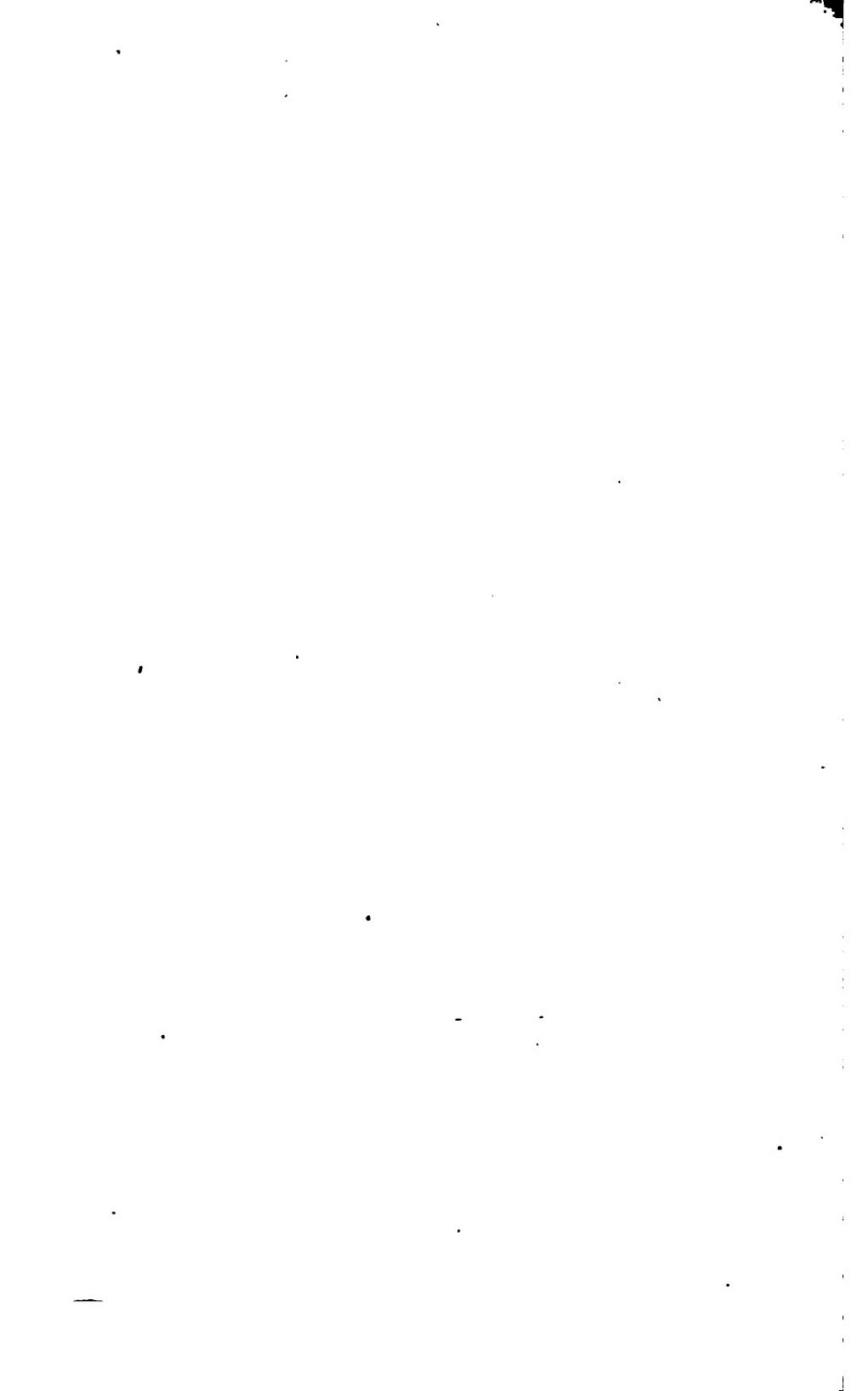
Dr. J. M. Jackson, Jr., offered the following resolution, which was unanimously adopted :

*Resolved*, That the hearty thanks of this Association be returned to the Committee of Arrangements and to the Duval County Medical Society for the many courtesies received at their hands. That we feel it our privilege to return thanks to the ladies who so kindly assisted in making the excursion to Magnolia delightful to us. That we deeply appreciate the

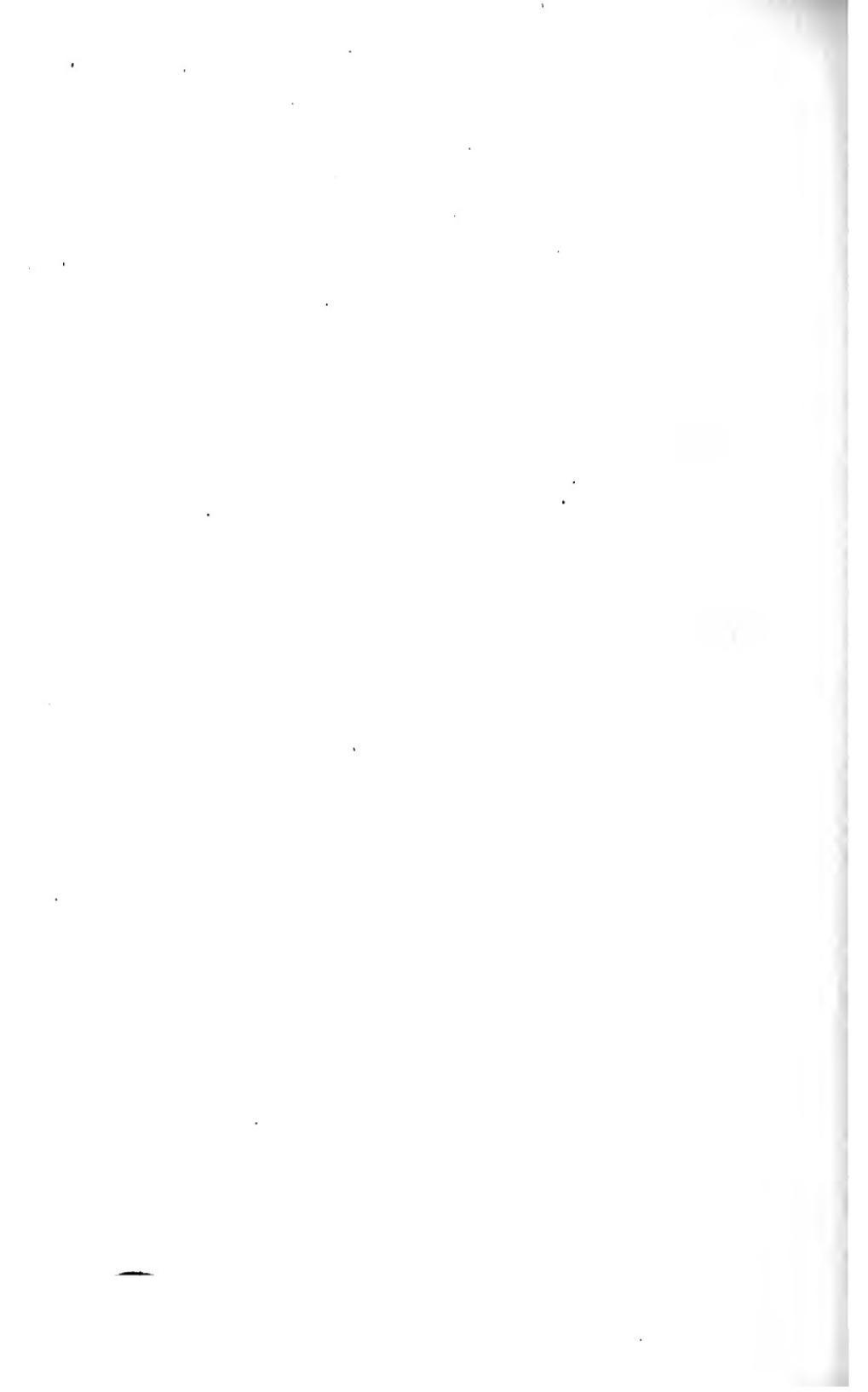
courtesies extended to us by the various railroads and steam-boat lines and hotels in according us reduced rates, and to the Florida Yacht Club for the use of their quiet and delightfully located Club House.

There being no further business the Association was formally adjourned by the President.

J. D. FERNANDEZ, M. D.,  
F. H. CALDWELL, Secretary.  
President.



## **APPENDIX.**



**Treasurer's Report—1892.****DR.**

|                                                     |            |
|-----------------------------------------------------|------------|
| To balance cash on hand last report, April 7, 1892, | \$751 48   |
| To annual dues, Dr. O. E. Worcester,                | 1892       |
| " "                                                 | 5 00       |
| " J. D. Rush,                                       | " 5 00     |
| " R. T. Walker,                                     | " 5 00     |
| " M. Richard Gibbens,                               | " 5 00     |
| " J. W. V. R. Plummer,                              | " 5 00     |
| " R. P. Daniel,                                     | " 5 00     |
| " C. B. Sweeting,                                   | " 5 00     |
| " G. W. Strickland,                                 | " 5 00     |
| " C. R. Oglesby,                                    | " 5 00     |
| " J. Harris Pierpont,                               | " 5 00     |
| " A. A. Gillis,                                     | " 5 00     |
| " Andrew Pendleton,                                 | " 5 00     |
| " Elegro M. Palma,                                  | " 5 00     |
| " M. G. Echeveria,                                  | " 5 00     |
| " Manuel Fraga y Lewis,                             | " 5 00     |
| " Martin T. Alexander,                              | " 5 00     |
| " Olin S. Wright,                                   | " 5 00     |
| " J. V. Harris,                                     | " 5 00     |
| " W. R. Chalker,                                    | " 5 00     |
| " W. S. Airth,                                      | " 5 00     |
| " E. Van Hood, 1891,                                | 5 00       |
| " H. Bacon, 1891 and 1892,                          | 10 00      |
| " J. H. Hodges, 1891 and 1892,                      | 10 00      |
| " M. Kenedy, 1890-91-92,                            | 15 00      |
| " F. J. Meyer, 1891 and 1892,                       | 10 00      |
| " R. G. Gamble,                                     | 1891, 5 00 |
| " Frank G. Renshaw,                                 | 1892, 5 00 |
| " R. A. Lancaster,                                  | " 5 00     |
| " Orlando S. Clyett,                                | " 5 00     |
| " C. Drew,                                          | " 5 00     |
| " R. P. Izlar,                                      | " 5 00     |
| " J. N. McLane,                                     | " 5 00     |
| " G. E. Harris,                                     | " 5 00     |

|                                   |                           |       |            |
|-----------------------------------|---------------------------|-------|------------|
| To annual dues, Dr. John P. Wall, |                           | 1892, | 5 00       |
| " "                               | W. C. Johnson,            | "     | 5 00       |
| " "                               | Leslie M. Weedon,         | "     | 5 00       |
| " "                               | Frank H. Caldwell,        | "     | 5 00       |
| " "                               | S. Stringer,              | "     | 5 00       |
| " "                               | G. W. Lancaster,          | "     | 5 00       |
| " "                               | W. L. Houghlett,          | 1890, | 5 00       |
| " "                               | Neal Mitchell,            | 1892, | 5 00       |
| " "                               | George C. Matthews,       | "     | 5 00       |
| " "                               | E. T. Sabal,              | "     | 5 00       |
| " "                               | U. D. Phillips,           | "     | 5 00       |
| " "                               | J. W. Ross,               | "     | 5 00       |
| " "                               | G. A. Dwelly, 1891-92,    |       | 10 00      |
| " "                               | W. V. Newsom, 1891-92,    |       | 10 00      |
| " "                               | Andrew Anderson,          | 1892, | 5 00       |
| " "                               | Joseph* Y. Porter,        | "     | 5 00       |
| " "                               | J. Z. Cravey, 1891-92,    |       | 10 00      |
| " "                               | Sollace Mitchell,         | 1892, | 5 00       |
| " "                               | W. E. Anderson,           | "     | 5 00       |
| " "                               | A. S. Baldwin,            | "     | 5 00       |
| " "                               | A. J. Wakefield,          | "     | 5 00       |
| " "                               | John H. Douglas, 1891-92, |       | 10 00      |
| " "                               | King Wyly,                | 1892, | 5 00       |
| " "                               | E. Van Hood,              | "     | 5 00       |
| " "                               | J. M. Perry, 1890-91-92,  |       | 15 00      |
| " "                               | P. J. Stollenwerck,       | 1892, | 5 00       |
| " "                               | DeWitt Webb,              | "     | 5 00       |
| " "                               | C. C. Harris,             | "     | 5 00       |
|                                   |                           |       | <hr/>      |
|                                   |                           |       | \$1,111 48 |
|                                   |                           |       | 393 66     |
|                                   |                           |       | <hr/>      |
|                                   |                           |       | \$717 82   |

Balance cash on hand and certified to by Committee on  
Accounts.

J. D. FERNANDEZ, *Treasurer.*

## CR.

|                                                                             |          |
|-----------------------------------------------------------------------------|----------|
| By annual salary of Secretary, 1892.....                                    | \$100 00 |
| " expenses of Treasurer attending meeting, 1892....                         | 47 70    |
| " bill of stenographer, four days .....                                     | 40 00    |
| " bill express and stamps books, Havana.....                                | 1 10     |
| " C. W. DaCosta, 500 notices for Treasurer.....                             | 2 00     |
| " stamps on books to Havana .....                                           | 26       |
| " C. W. DaCosta, 300 certificates of membership...                          | 5 00     |
| " bill Chairman Committee of Arrangements .....                             | 2 50     |
| " bill express, Certificates sent President .....                           | 90       |
| " bill C. W. DaCosta, 500 envelopes for Secretary,                          | 1 50     |
| " bill Telegrams, Publication Committee.....                                | 1 35     |
| " bill postage, Treasurer collecting dues.....                              | 3 25     |
| " bill postage and card board, Membership Certifi-<br>cates.....            | 9 98     |
| " bill Proceedings, 500 copies, C. W. DaCosta .....                         | 151 80   |
| " bill stamps, wrappers, &c., mailing Proceedings...                        | 16 60    |
| " bill C. W. DaCosta, printing preliminary notice of<br>meeting .....       | 2 75     |
| " bill C. W. DaCosta, printing annual circular no-<br>tice of meeting ..... | 4 50     |
| " bill postage dist. circulars .....                                        | 2 00     |
|                                                                             | _____    |
|                                                                             | \$393 19 |
| Bill Librarian, postage and drayage.....                                    | 47       |
|                                                                             | _____    |
|                                                                             | \$393 66 |

### Secretary's Report.

JACKSONVILLE, FLA., April 4, 1893.

*To the President and Members of the Florida Medical Association:*

GENTLEMEN: Another year has passed since we met together in the cities of Key West and Havana, and I have the honor to present to you my annual report of work done in the interests of the Association. I brought with me the books so kindly contributed to the Association by Drs. Fernandez and Wilson of Havana, and turned them over to the Librarian. Sent full files of our Proceedings to Dr. J. S. Fernandez, of Havana, as per resolution of Dr. Daniel. (See page 27, Trans. 1892). Issued certificates to the delegates to the American Medical Association, May 10th. Wrote Attorney-General and sent resolution introduced by Dr. S. Stringer appertaining to the duties of Examining Boards. (See page 22, Trans. 1892). May 12th, got out the Certificates of Membership and issued them as per resolution of Dr. Harris. (See page 33, Trans. 1892). May 16th, placed Minutes of the meeting in the hands of Publication Committee. May 27th, received a reply from Attorney-General in regard to resolution on examining boards, and sent the same to the President. On June 7th, received his reply. (See page 58, Trans. 1892.) Hence it appears in our proceedings. June 6th, received notice of the death of Dr. D. C. Judson, of Melbourne, a member of the Association. No date or particulars given. Received resignation of Dr. R. G. Gamble, of Tallahassee. In his letter he enclosed a check for his dues and stated that he resigned as he was leaving the State permanently and I move that his resignation be accepted. (See letter). In July I received 500 copies of the Proceedings from the Publication Committee and distributed the same to members, and filled up our exchange list with forty from State Associations and eighteen from National Associations. In return we get some very valuable contributions to our library, which, our Librarian will tell you, is constantly growing. One copy of our

Proceedings sent out was returned with the statement that the party addressed was dead—Dr. A. A. Allston, of Belleview. He became a member in 1890. I wrote to parties to get some particulars of death but am sorry to say that I have received no information upon the subject. Possibly some member who lives in his locality can furnish you with the information desired, so a suitable notice of his death may be made. As Secretary of the Association I receive a great many inquiries in regard to the law regulating the practice of medicine in our State, with the request that I send a copy of the law. I have sent all that I had and latterly have said that I could not send any more as I had none. Would it not be well for this society to have 500 or a 1000 copies of the law printed and distribute them among the Secretaries of the several Examining Boards. It can be done at a small expense and will save members of the Examining Boards considerable trouble. In February I issued the preliminary call for this meeting, particularly requesting the chairmen of the various sections to secure papers for the coming meeting, and I congratulate the gentlemen on their success, as is shown in the number of papers promised as announced in my annual circular which I got out on the 18th of March and a copy of which was mailed to each member. The circular was a few days late, as I received letters from parties who asked for a little longer time in which to give information sought. Trusting, gentlemen, that my work in behalf of the Association will meet with your approval,

I am, very truly yours,

J. D. FERNANDEZ, *Secretary.*

**Report of the Librarian.**

April 3, 1893.

GENTLEMEN: During the past year the additions to the Library have been forty-four volumes of Reports of the Transactions of State Medical Associations, seventeen volumes of Reports of the Transactions of the Havana Medical Society, and various pamphlets, by gift and exchanges. The Library now contains three hundred and fifty-seven volumes and pamphlets; these being the Reports of the Transactions of thirty-eight State Medical Associations, the Transactions of the Havana Medical Society, the Annual Reports of six State Boards of Health, the New York Academy of Medicine, the United States Chief Signal Officers, Health Officers of the District of Columbia, etc.

Respectfully,

J. H. DOUGLAS, *Librarian.*

## Alphabetical List of Members.

### FELLOWS.

| <i>Name.</i>              | <i>Residence.</i>                                   | <i>Date of Membership.</i> |
|---------------------------|-----------------------------------------------------|----------------------------|
| Dr. Anderson, Andrew*     | St. Augustine.....                                  | 1874                       |
| " Artand, Theo.†          | U. S. N.....                                        | 1882                       |
| " Ames, J. G.†            | Palatka (2d Vice-Pres't 1888) .....                 | 1886                       |
| " Alba, E. M.*            | St. Augustine.....                                  | 1887                       |
| " Allyn, H. S.†           | Orange City.....                                    | 1887                       |
| " Alexander, J. A.        | Citra (died '88) .....                              | 1887                       |
| " Alexander, L.†          | St. Augustine.....                                  | 1887                       |
| " Altree, G. H.*          | Sanford.....                                        | 1893                       |
| " Anderson, W. E.*        | Pensacola.....                                      | 1890                       |
| " Anderson, T. S.*        | Branford.....                                       | 1893                       |
| " Alston, A. A.           | Bellevue (died '92).....                            | 1890                       |
| " Airth, H. F.*           | Live Oak .....                                      | 1892                       |
| " Airth, W. S.*           | Live Oak .....                                      | 1892                       |
| " Alexander, M. T.*       | Apalachicola .....                                  | 1892                       |
| Dr. Baldwin, A. S.*       | Jacksonville (Pres't '74 and '75) .....             | 1874                       |
| " Betton, G. W.*          | Tallahassee (Pres't '81; resigned) .....            | 1874                       |
| " Burroughs, R. B.        | Jacksonville (1st Vice-Pres't '74; re-signed) ..... | 1874                       |
| " Burroughs, R. B.*       | Jacksonville.....                                   | 1893                       |
| " Bond, Jno. S.           | Tallahassee (dead).....                             | 1875                       |
| " Bullock, J. G.          | Gainesville (resigned).....                         | 1879                       |
| " Baldwin, W. L.          | Jacksonville (died '88).....                        | 1880                       |
| " Bourier, E.†            | Pensacola .....                                     | 1882                       |
| " Burroughs, C. J.        | Jacksonville (resigned) .....                       | 1884                       |
| " Bishop, J. N.†          | Orlando .....                                       | 1885                       |
| " Bacon, H.*              | Jacksonville.....                                   | 1887                       |
| " Burton, L. J.†          | Melrose .....                                       | 1888                       |
| " Blitch, S. H.†          | Ocala.....                                          | 1888                       |
| " Berry, V.†              | LaCrosse.....                                       | 1888                       |
| " Burgas, Pastor y Gomez* | Key West.....                                       | 1891                       |
| " Bennett, J. D.*         | Crystal River.....                                  | 1890                       |
| Dr. Cloud, N. D.*         | Newnansville.....                                   | 1890                       |
| " Carter, T. W.†          | Lake City.....                                      | 1874                       |
| " Carn, J. M.             | Tallahassee (resigned '77) .....                    | 1874                       |
| " Clay, E. G.             | Fernandina (died '79).....                          | 1874                       |
| " Cowgill, C. A.†         | Orange Mills .....                                  | 1876                       |
| " Canova, M. J.           | Green Cove (died '88).....                          | 1884                       |
| " Caldwell, Frank H.*     | Sanford (Librarian '87) .....                       | 1884                       |

|                        |                                                  |      |
|------------------------|--------------------------------------------------|------|
| Dr. Conover, S. B.†    | Eustis                                           | 1886 |
| " Cravey, J. Z.*       | Pensacola                                        | 1890 |
| " Chalker, Wm. R.*     | Lake City                                        | 1892 |
| " Clyatt, Orlando S.*  | Judson                                           | 1892 |
| " Cyrus, W. H.*        | Palatka                                          | 1893 |
| " Coleman, H.*         | Mandarin                                         | 1893 |
| Dr. Daniel, R. P.*     | Jacksonville (Prest '79)                         | 1874 |
| " Davidson, J. E. A.   | Quincy (resigned '78)                            | 1876 |
| " Drew, C.*            | Jacksonville (1st Vice-Prest '89)                | 1874 |
| " Donnelly, J. C.      | Palatka (died '86)                               | 1884 |
| " Dickinson, R. M.†    | Orlando                                          | 1885 |
| " Dean, R. H.*         | Leesburg                                         | 1885 |
| " DuBois, H. K.*       | Port Orange                                      | 1885 |
| " Dana, A. S.†         | ———                                              | 1888 |
| " Douglas, Jno. H.*    | Jacksonville (Librarian '90)                     | 1890 |
| " Dunklin, E. C.*      | Dun nellon                                       | 1890 |
| " Dwelly, G. A.*       | Ocala                                            | 1889 |
| Dr. Evans, A. T.       | Richland (resigned '87)                          | 1886 |
| " Ellis, W. M.*        | Citra                                            | 1888 |
| " Echeveria, M. G.*    | Key West                                         | 1892 |
| Dr. Fernandez, J. D.*  | Jacksonville (Treas'r '78 and '92;<br>Sec'y '89) | 1874 |
| " Forbes, S. S.†       | Milton                                           | 1882 |
| " Fordham, W. F.*      | Pensacola                                        | 1882 |
| " Ferguson, K. M       | Citra (resigned '86)                             | 1885 |
| " Fisher, G. W.†       | DeLand                                           | 1886 |
| Dr. Gardiner, R. W     | ——— (died '85)                                   | 1874 |
| " Green, J. T.*        | Leesburg                                         | 1885 |
| " Glennan, A. H.†      | U. S. N                                          | 1886 |
| " Gary, Thos. P        | Ocala (Pres't '90 and '91; died '91)             | 1891 |
| " Gamble, R. G.*       | Tallahassee                                      | 1890 |
| " Gorgas, Wm. Crawford | Pensacola (resigned '92)                         | 1892 |
| " Gillis, Angus A.*    | DeFuniak Springs                                 | 1891 |
| " Gibbins, Malvina R.* | Jacksonville                                     | 1891 |
| " Grant, R. R.*        | Mandarin                                         | 1893 |
| Dr. Hill, J. C.†       | Palatka                                          | 1874 |
| " Harrison, R.†        | Fernandina                                       | 1874 |
| " Hutchinson, M. M. T† | Lake City (Treas'r '75)                          | 1875 |
| " Hentz, Chas. A.      | Quincy (resigned '77)                            | 1876 |
| " Holt, P. A.          | Jacksonville (died)                              | 1877 |
| " Hargis, R. B. S.*    | Pensacola (Pres't '82)                           | 1878 |
| " Horsey, C. W.        | Fernandina (died '78)                            | 1878 |
| " Horstman, F.†        | Key West                                         | 1878 |

|                                  |                      |                           |      |
|----------------------------------|----------------------|---------------------------|------|
| <b>Dr. Hicks, J. W.</b> †        | <b>Orlando</b>       | (Pres't '87)              | 1885 |
| " <b>Hawes, G. E.</b> *          | <b>Palatka</b>       |                           | 1886 |
| " <b>Hewlett, W. L.</b> *        | <b>Rockledge</b>     |                           | 1888 |
| " <b>Horsey, J. L.</b> *         | <b>Fernandina</b>    |                           | 1889 |
| " <b>Hodgee, J. H.</b> *         | <b>Gainesville</b>   |                           | 1890 |
| " <b>Herron, Jas. L.</b> *       | <b>Pensacola</b>     |                           | 1891 |
| " <b>Hannah, Wm. J.</b> *        | <b>Pensacola</b>     |                           | 1891 |
| " <b>Harris, C. O.</b> *         | <b>Ocala</b>         |                           | 1892 |
| " <b>Harris, J. V.</b> *         | <b>Key West</b>      |                           | 1892 |
| " <b>Harris, R. L.</b> *         | <b>Oakland</b>       |                           |      |
| " <b>Henderson, C. T.</b> *      | <b>La Reland</b>     |                           | 1893 |
| <b>Dr. Izlar, Robt. P.</b> *     | <b>Ocala</b>         |                           | 1891 |
| <b>Dr. Jackson, J. M.</b> *      | <b>Bronson</b>       | (2d Vice-Pres't '81)      | 1881 |
| " <b>Jolly, W. J.</b> *          | <b>Waldo</b>         | (2d Vice-Pres't '87)      | 1886 |
| " <b>Jackson, J. A.</b> *        | <b>Tampa</b>         |                           | 1887 |
| " <b>Jackson, Jr., Jas. M.</b> * | <b>Bronson</b>       | (2d Vice-Pres't '91)      | 1888 |
| " <b>Judson, D. C.</b>           | <b>Melbourne</b>     | (dead)                    | 1890 |
| " <b>Johnson, Oswald Leon</b> *  | <b>Milton</b>        |                           | 1891 |
| <b>Dr. Knight, A. W.</b>         | <b>Jacksonville</b>  | (Sec'y '79-'89; died '89) | 1875 |
| " <b>Kenworthy, Chas. J.</b>     | <b>Jacksonville</b>  | (Pres't '80; resigned)    | 1877 |
| " <b>Kimball, J. P.</b>          | <b>St. Augustine</b> | (Orator '75; 1st Vice-    |      |
|                                  |                      | Pres't '79; resigned '80) | 1878 |
| " <b>Kenedy, M.</b> *            | <b>Bartow</b>        |                           | 1886 |
| <b>Dr. Lester, F. W.</b> †       | <b>Key West</b>      |                           | 1879 |
| " <b>Leonard, T. M.</b> †        | <b>Pensacola</b>     |                           | 1882 |
| " <b>Livingston, J. H.</b> †     | <b>Jacksonville</b>  |                           | 1883 |
| " <b>Lancaster, R. A.</b> *      | <b>Gainesville</b>   | (Pres't '88 and '89)      | 1884 |
| " <b>Lawrence, W. P.</b> †       | <b>Orlando</b>       |                           | 1885 |
| " <b>Lyons, D. S.</b> *          | <b>DeLand</b>        | (1st Vice-Pres't '87)     | 1885 |
| " <b>Leffingwell, J. B.</b> †    | <b>Braidentown</b>   |                           | 1885 |
| " <b>Lancaster, G. W.</b> *      | <b>DeLand</b>        |                           | 1886 |
| " <b>Lancaster, C. C.</b>        | <b>Palatka</b>       | (resigned '88)            | 1887 |
| " <b>Lynch, Junius F.</b> *      | <b>Sanford</b>       |                           | 1891 |
| " <b>Lewis, Manuel F.</b> *      | <b>Key West</b>      |                           | 1892 |
| <b>Dr. McHenry, T. P.</b>        | <b>Newnansville</b>  | (died '75)                | 1874 |
| " <b>Murray, R. D.</b> *         | <b>Key West</b>      | (Pres't '78)              | 1875 |
| " <b>Mitchell, J. D.</b> †       | <b>Jacksonville</b>  |                           | 1878 |
| " <b>McKinstry, J. F.</b> *      | <b>Gainesville</b>   |                           | 1879 |
| " <b>Murray, F. M.</b> †         | <b>Key West</b>      |                           | 1879 |
| " <b>Mitchel, Neal</b> *         | <b>Jacksonville</b>  | (Orator '87)              | 1884 |
| " <b>Mallett, C. H.</b> †        | <b>Jacksonville</b>  |                           | 1884 |
| " <b>Mann, W. A.</b> †           | <b>Palatka</b>       |                           | 1884 |
| " <b>Matthews, Geo. C.</b> *     | <b>Orlando</b>       |                           | 1885 |

|                           |                                                   |      |
|---------------------------|---------------------------------------------------|------|
| Dr. Montgomery, J. S.†    | Paola                                             | 1885 |
| " Mitchell, Solace*       | Jacksonville                                      | 1887 |
| " Merrill, C. M.*         | Green Cove                                        | 1887 |
| " McRae, D. J.*           | Sanford                                           | 1888 |
| " Moody, S. W.*           | Ocala                                             | 1890 |
| " McBride, Andrew*        | Citra                                             | 1890 |
| " Meyer, F. J.*           | Ocklawaha                                         | 1890 |
| " Miller, F. D.*          | Jacksonville                                      | 1890 |
| " McLendon, Louis M.*     | Powelton                                          | 1891 |
| " Maloney, Jno. B.*       | Key West                                          | 1891 |
| " McLane, Jesse, N.*      | DeFuniak Springs                                  | 1891 |
| " Moore, W. L.*           | Tallahassee                                       | 1893 |
| Dr. Norman, R.†           | Longwood                                          | 1885 |
| " Nolan, E. M.†           | Jacksonville                                      | 1887 |
| " Neal, J. C.             | Lake City (left the State)                        | 1888 |
| " Newsome, W. V.*         | Summerfield                                       | 1889 |
| Dr. Overstreet, S. T.†    | Live Oak                                          | 1881 |
| " Owens, A. W.†           | U. S. N.                                          | 1882 |
| " O'Veal, W. R.*          | Cotton Plant                                      | 1889 |
| " Oglesby, C. R.*         | Pensacola                                         | 1890 |
| Dr. Porter, Joseph Y*     | Key West (Pres't '86; Sec'y '77 and<br>'79)       | 1874 |
| " Peck, Jno. E.           | St. Augustine (resigned '77)                      | 1874 |
| " Pacetti, Louis†         | St. Augustine                                     | 1874 |
| " Palmer, J. D†           | Fernandina                                        | 1874 |
| " Perry, J. M.*           | Lakeland (2d Vice-Pres't '77; re-<br>elected '79) | 1874 |
| " Palmer, T. M.‡          | Monticello (Pres't '76)                           | 1876 |
| " Penny, Geo. A.          | Cedar Key (died '78)                              | 1878 |
| " Phillips, N. D.*        | Gainesville (Pres't '85; 2d Vice-<br>Pres't '79)  | 1878 |
| " Pilley, L. W.*          | Orlando                                           | 1886 |
| " Pelot, J. C.*           | Manatee                                           | 1886 |
| " Pacetti, Joseph A.*     | Jacksonville                                      | 1888 |
| " Preston, Harriet E.*    | St. Augustine                                     | 1889 |
| " Peeler, James P.        | Kissimmee (died '91)                              | 1890 |
| " Pierpont, J. Harris*    | Pensacola (1st Vice-Pres't '91)                   | 1890 |
| " Phillips, Jr., Frank*   | Marianna                                          | 1891 |
| " Pendleton, Andrew L*    | Key West                                          | 1892 |
| " Palma, Eligio M.*       | Key West                                          | 1892 |
| " Plummer, Jas. W. V. R.* | Key West                                          | 1892 |
| " Preston, J. C.*         | Dade City                                         | 1893 |

|                        |                                                                 |      |
|------------------------|-----------------------------------------------------------------|------|
| Dr. Randolph, A. L.    | Tallahassee (1st Vice-Pres't '78;<br>Treas'r '77; resigned '82) | 1874 |
| " Randolph, J. H.      | Tallahassee (resigned '78)                                      | 1874 |
| " Roberts, C. C. O.    | Lake City (died '76)                                            | 1875 |
| " Robinson, H.         | Jacksonville (resigned '79)                                     | 1875 |
| " Rainey, J. K.*       | St. Augustine (1st Vice-Pres't '88)                             | 1885 |
| " Ross, J. W.*         | Pensacola (Navy Yard)                                           | 1891 |
| " Ross, Wm. H.*        | Pensacola                                                       | 1891 |
| " Renshaw, Frank G.*   | Pensacola                                                       | 1891 |
| " Rush, Joe. D.*       | Apalachicola (2d Vice-Pres't '92)                               | 1891 |
| Dr. Sabal, E. T.*      | Jacksonville (Pres't '83)                                       | 1874 |
| " Smith, J. E. W.      | Jasper (resigned)                                               | 1883 |
| " Spence, W. A.‡       | Jacksonville (died '93)                                         | 1883 |
| " Smith, F. F.*        | St. Augustine                                                   | 1848 |
| " Shelby, W. A.†       | Orlando                                                         | 1885 |
| " Stone, R. D.         | Maitland (resigned '87)                                         | 1885 |
| " Sweeting, C. B.*     | Key West (1st Vice-Pres't '92)                                  | 1886 |
| " Samuels, J. M.*      | Beresford                                                       | 1886 |
| " Strauz, P. H.        | Palatka (left the State)                                        | 1886 |
| " Shine, W. F.*        | St. Augustine                                                   | 1887 |
| " Stringer, S.*        | Brooksville (Pres't '92)                                        | 1888 |
| " Stollenwerck, P. J.* | Jacksonville                                                    | 1890 |
| " Shuey, Geo. E.*      | Macclellany                                                     | 1890 |
| " Simpson, H. L.*      | Pensacola                                                       | 1890 |
| " Smith, Daniel M.*    | Jasper                                                          | 1891 |
| " Strickland, G. W.*   | Waldo                                                           | 1892 |
| " Stewart, E. L.*      | Palatka                                                         | 1893 |
| Dr. Thomas, F. F.      | Gainesville (resigned)                                          | 1884 |
| " Tyng, A. E.†         | Jacksonville                                                    | 1877 |
| " Taylor, J. N.*       | Eustis                                                          | 1888 |
| " Thompson, J. N.*     | Ocala                                                           | 1890 |
| " Turnbull, Theodore*  | Monticello                                                      | 1892 |
| Dr. Van Hood, E*       | Ocala                                                           | 1890 |
| Dr. Wellford, F. P.    | Jacksonville (Pres't '77; died '77)                             | 1874 |
| " Wakefield, A. J.*    | Jacksonville                                                    | 1874 |
| " Wall, J. P.*         | Tampa (Pres't '84)                                              | 1875 |
| " Whitehurst, M. J.†   | Key West                                                        | 1878 |
| " Whiting, J. C.†      | Pensacola                                                       | 1882 |
| " Warren, Jas. H.†     | Palatka                                                         | 1884 |
| " Warren, Chas. E.†    | Palatka                                                         | 1884 |
| " Wyly, King*          | Sanford                                                         | 1885 |
| " Webb, DeWitt*        | St. Augustine (2d Vice-Pres't '89;<br>Orator '92)               | 1886 |

|                          |                   |      |
|--------------------------|-------------------|------|
| Dr. Weedon, Leslie*      | Tampa.....        | 1887 |
| " Williams, N. A.*.....  | Macon .....       | 1890 |
| " Worcester, O. E.*..... | Conant .....      | 1890 |
| " Walker, R. T.*.....    | Cedar Key .....   | 1890 |
| " White, Robt. C.*.....  | Pensacola .....   | 1891 |
| " Willis, Robt. A.*..... | Greenwood .....   | 1891 |
| " Wright, Olin S.*.....  | Plant City .....  | 1892 |
| " Welch, G. E.*.....     | Palatka.....      | 1893 |
| " Williams, A. D .....   | Jacksonville..... | 1893 |

## HONORARY MEMBERS.

|                            |               |
|----------------------------|---------------|
| Dr. Jno. T. Metcalf.....   | New York.     |
| " Chas. S. Bavan .....     | Key West.     |
| " Franklin Branch.....     | Tampa.        |
| " J. S. Harrison .....     | Tallahassee.  |
| " J. Dabney Palmer.....    | Monticello.   |
| " W. H. Babcock.....       | Jacksonville. |
| " J. Santos Fernandez..... | Havana, Cuba. |
| " J. Deago.....            | " "           |
| " E. L. Luaces .....       | " "           |
| " D. M. Burgess .....      | " "           |
| " Erastus Willson .....    | " "           |

\* Still a member. † Dropped for non-payment of dues. ‡ Honorary member.

### The President's Annual Address.

*Gentlemen of the Florida Medical Association:*

Permit me to express my high appreciation of the honor you bestowed upon me at your last annual meeting, in the city of Havana, of presiding over your deliberations, and to ask your forbearance in the discharge of the responsible duties.

The pleasure of meeting so many of our co-laborers in this beautiful and popular city, cannot fail to be greatly enjoyed; especially so, after the generous welcome we have received.

You are here from all parts of the State, and many of you at considerable sacrifice of valuable time, therefore we should hasten to devote this brief period of intercourse to our mutual benefit, and, as there is much to be done and many valuable papers are to be read, I will not consume your time by addressing you upon any special theme, but call your attention to a few generalities, which I deem worthy of your notice.

For many years there has been much said and written upon the subject of "Revision of the Code," and as the time is growing short in which the subject is to be considered, before a report of the committee appointed by the American Medical Association at its last annual meeting in Detroit, to consider the advisability of revision, is to be made, it will not be amiss for the Association to give some expression relevant to this important matter.

The committee referred to desires that the members of the profession should inform its chairman, Dr. Henry D. Holton, Brattleboro, Vt., whether they favor any change, and which particular feature should be so changed. You are, perhaps, more interested in this matter than first impressions indicate, because the law in this State has legalized the practice of medicine by persons with whom we, as regular physicians cannot, under the Code, meet in that cordial co-operation so desirable for those whose life service is devoted to the relief and cure of suffering humanity.

Any action by this Association will have more influence in shaping the report of the committee referred to, which is to be made to the next annual meeting of the American Medical

Association, at Milwaukee, than the individual expression of opinion by members.

We, as regular practitioners of scientific medicine being, to some extent, custodians of the health of our people, should so construe our Code of Ethics and moral government, as not to conflict with the interests of our patients who may have from any cause or emergency, sought professional aid from other legal practitioners, with whom we have not, and with whom our Code prevents, that free and full amity so desirable in the sick chamber.

The function of the government being to secure citizens their rights of liberty, life and pursuit of happiness; and health being indispensable to the full enjoyment of these great privileges, it follows that the State cannot thrust aside the duty of protecting her citizens from imposters of every class, and especially those who pretend to administer to the wants of the sick in accordance with prescribed dogmas or rules of sects, cliques, "pathies" or "isms."

These are some of the thoughts growing out of the question of the "Revision of the Code," to which I have called you attention, and which, I have no doubt, you will be able to dispose of in a manner both satisfactory and beneficial to our membership.

It would be utterly futile to undertake to give even an outline of the rapid progress medicine and the co-ordinate sciences have made during the last quarter of a century. And who can predict the result of scientific inquiry during the last decade of the nineteenth century? But, it will not be amiss to review some of the most important and comparatively recent discoveries in medicine and surgery.

The first, and perhaps the most important discovery of the past century, throwing scientific light upon the intricate processes of digestion, was made about seventy years ago by Dr. Beaumont, of the United States Army, while pursuing his investigations of the functions of the stomach, in the celebrated case of the Canadian lad, Alexis St. Martin, of whom you all have read. Is it not a matter of surprise to the scientific surgeon of to-day that the success of Dr. Beaumont in treat-

ing this unfortunate lad, did not suggest the possibilities of the *gastro-tomy* of to-day.

Rapidly following the discovery of the physiological process of digestion, given to the world by Dr. Beaumont, to whom you owe so much for a correct knowledge of that important function in our physical economy, comes the unprecedented operation of Ephraim McDowell, who, after his thirteen ovariotomies, died, leaving a name for future generations to admire for heroism. Nor can we speak in terms of less admiration of the discoveries of Anæsthetics, Hypodermic Medication, Coal Tar derivatives and Asepsis; the last enabling the surgeon to extend his incisions even into the organs essential to life, with the coolness and confidence of assured success. Who of us can contemplate the scientific researches now being made by our profession and not feel proud of the names of Thomas A. Emmet, T. Gailard Thomas, Mathew D. Mann, Hunter McGuire, Sternburg and N. Senn, the last of whom has so recently astounded the world with his successful enterorrhaphies?

Surrounded as we are by these eminent and advanced thinkers, whom we desire to emulate, it certainly becomes our duty to place ourselves on record as advocates of that high order of professional proficiency which can be acquired only by a proper preliminary education, a longer college term, and a rigid examination for graduation.

I refer to this question, as it is now agitating the profession throughout the United States, and particularly the Southern States, where I am glad to say, a number of medical colleges now require three terms, including three year's study, as requisite for an examination to graduate.

Since our last annual meeting there has been a national assumption of quarantine supervision. It is a national obligation to protect our coast from invasion; and it is eminently proper for the National Government to assume that duty and relieve the State of so heavy an expense as well as responsibility. Furthermore, a uniform quarantine service, with liberal provisions for its execution, would certainly afford us greater protection from imported contagious diseases on our

fifteen hundred miles of sea coast than the financially embarrassed State could possibly give us.

Then let us congratulate ourselves, our very excellent State Board of Health, and our State, on being relieved of this expensive, onerous and responsible duty. The passage of this law, it seems to me, must necessarily contemplate the creation of a Public Health Department, with a Secretary of Public Health. But should Congress continue to refuse to dignify this great and important interest of the citizens of the United States, the Public Health, with a Department, would it not be well to petition that dignified body to create a Bureau of Health, or to refer this part of the Nation's interests to the Bureau of Animal Industry?

It is most important that there should be a Cabinet Officer of Public Health, who will be authority on all subjects pertaining to the physical as well as mental status of the people.

Our extensive line of sea coast and our already intimate commercial intercourse with tropical countries, to be more than duplicated by increased facilities rapidly approaching completion, awaken in our state an interest in National Quarantine Protection and Public Hygiene not exceeded by any State in the Union. We should therefore use our influence with the Florida Congressional Delegation to urge the creation of a Public Health Department.

Gentlemen, a few words relative to our domestic affairs, and I will close.

For the past fifteen years you have been holding your meetings at different points of the State. Your reason for doing so was to awaken a wider and deeper interest in your organization, and give an opportunity to the Profession in the State of becoming members without incurring the expense of long and tedious travel. You have now made the entire circuit of this large and singularly shaped State, and, in doing so, you have received into membership the greater number of the legal practitioners.

During the last ten years railways have been projected, and are now traversing the greater part of the inhabited territory of the State, and consequently travel has become comparatively cheap, certainly more expeditious and comfortable.

Hence, I fail to see further necessity for an itineracy of your body, and would therefore recommend you to select some central, convenient, commodious and cheerful point for holding your meetings hereafter. I will not further delay you by stating the advantages of a permanent home. Suffice it to say, that our Secretary, our Librarian, and, perhaps, our Treasurer, will realize the comfort and advantages of a stationary point for holding our conventions.

It has been suggested that a financial committee is an essential part of this organization.

It is certainly incumbent upon each one of the members to make our annual meetings as instructive as possible, and in doing so, it occurs to me that the report of more unsuccessful cases will be highly instructive. This is our post-graduate. To withhold your sad experiences is to deny us the advantage of your errors.

In conclusion, let us be thankful that the insatiate monster, to whom we must all eventually surrender, has not invaded our ranks during the past year.

S. STRINGER, M. D., *President.*

## ORATION.

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BY DR. J. V. HARRIS.

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### The Practice of Medicine.

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#### A RESUME.

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The practice of medicine, which may be briefly described as the art of curing disease, extends to the remotest antiquity, and has always existed in the lowest, as well as the highest orders of civilization, nor can the student of natural history fail to observe the remarkable knowledge of remedial agents which exists even among the beasts of the field.

From the dawn of humanity, the physician has always occupied the higher plane of society. Among those existing in a savage state, we find the practice of medicine generally connected with the superstitious or religious observances common to such people; many of the gods and goddesses of ancient mythology were supposed to rule over its different branches, and prominent members of the profession have often been deified and worshiped as divinities. Among the Greeks, Apollo was spoken of as the Great Physician, and from the earliest days of christianity a similar appellation has always been given to the Creator of the universe.

The first records we have of the profession, are found in the early pages of Greek history. In the writings of Homer, who is supposed to have existed somewhere between the ninth and twelfth centuries before Christ, we find that even at that early date there existed a regular system of medical treatment. Allusions are made in his writings to the surgical skill of many of his heroes, and he gives us a nomenclature of the different parts of the body, identical with that afterwards found in the writings of Hippocrates.

The warriors mentioned by Homer, from the profession of arms which they followed, must necessarily have acquired considerable skill in medical knowledge, more especially that

of surgery ; but he tells us also of those engaged in the regular practice of the profession, among whom are Machaon and Podalirius, sons of Asclepius, a king of Thessaly, who afterwards had divine honors paid to him.

Although the practice of medicine in Greece was entirely distinct from religious observances, we find Asclepius, or Æsculapius, as he was more generally called, worshipped as the god of medicine or healing. This worship spread among the Greeks and continued until the introduction of christianity. Sick persons went, or were carried, to the temples just as even at the present age relief is sought by a fanatical pilgrim to some supposedly sacred shrine, or to the waters of some sacred spring.

The sick person, after having made sacrifices, slept upon the hide of the animal sacrificed, at the foot of the god, and proper remedies were supposed to be revealed in the dreams to the priests, and given to the sick. A record of the case, and the medicines used, were kept upon the tablets upon the walls of the temples, and thus afforded the commencement of clinical instruction ; even at this early period, the importance of moral and dietetic influences were fully recognized.

Pythagoras, who was born five hundred and seventy years before Christ, was a regular practicing physician. Little is known, however, of the practice of medicine among the Greeks before the time of Hippocrates, who was born four hundred and sixty years before Christ, and who was very justly styled the "Father of Medicine." It is to him, indeed, that we are indebted for the work of placing the medical profession upon that high pedestal of virtue and morality which it has ever since occupied, and which is so beautifully portrayed in the following oath, which was in former times taken by every person before entering upon the practice of medicine, and which was known as the "Hippocratic Oath :"

"I swear by Apollo, the Physician, by Æsculapius, by Hygiea, Panacea, and by all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and stipulation, to reckon him who teaches me this art, equally dear to me with my parents ; to share my substance

with him, and relieve his necessities if required ; to look upon his offspring upon the same footing as my brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation ; and, by precept, lecture, and by every other mode of instruction, I will impart a knowledge of this art to my sons, to those of my teachers, and to disciples bound by a stipulation and oath, according to the law of medicine, but to no others.

“ I will follow that system of regimen, which, according to my best judgment, I consider best for my patients, and abstain from whatever is injurious; I will give no deadly medicine to any one if asked, nor suggest any such course; furthermore, I will not give to a woman an instrument to produce abortion.

“ With purity and holiness will I pass my life, and practice my art ; I will not cut a person who is suffering with stone, but will leave this to be done by those who are practitioners of such work. Into whatever house I enter, I will go for the advantage of the sick, and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of males and females, bond or free.

“ Whatever in connection with my professional practice, or not in connection with it, I may see or hear, I will not divulge, holding that all such things should be kept secret.

“ While I continue to keep this oath inviolate, may it be granted me to enjoy life and the practice of my art, respected by men ; but should I break through and violate this oath, may the reverse be my lot.”

The followers of Hippocrates recognized life and disease as processes governed by natural laws which could be understood by observation, and by following which laws they could only hope for success in practice. They believed that the body contained four humors—blood, phlegm, black and yellow bile, which in proper proportions, constituted health, and that all diseases resulted from any disturbance of these normal proportions. They believed also, in the “ Vis Medicatrix Naturæ,” and that in most cases all diseases had a natural process, resulting in resolution or elimination from the body, and that it was the duty of the physician to watch for

and foresee these different changes, and assist this natural process, in order that the patient might the more quickly recover.

Of course, but little knowledge of anatomy and physiology existed at this time, and the diagnosis of disease was of a very imperfect nature. The physician of that period, however, excelled in prognosis, and it is entirely owing to the close habits of observation practiced by this school that we are indebted for the establishment of clinical medicine upon a firm basis, and the vast accumulation of records of diseases and their treatment, which has afforded us such a valuable contribution to medical science.

Two hundred and sixty-five drugs were in use at this time. The use of medicines was, however, considered of but secondary importance. Blood letting was known and practiced to a slight extent.

Praxagoras not long after this period was the first to take notice of the relation between the pulse and the general system; but next to Hippocrates among the Greeks, credit should be given to Aristotle, who, although not a physician, contributed much valuable information to the cause of anatomy and physiology by his writings and investigations.

After the death of Hippocrates for more than a century, the science of medicine shared the decline which seemed to affect all intellectual pursuits, and we have very meagre records of that epoch, and but very little better during the time of Galen.

The conquests of Alexander the Great caused the knowledge of the sciences and arts, as they existed among the Greeks, to be generally diffused throughout the world, and the establishment of schools of medicine at Pergamos, and also at Alexandria and other places; but it was principally at Alexandria, that the doctrines of the Hippocratic school were continued and improved. This school, which was under the patronage of the Ptolemies, rapidly took precedence of all the Greek schools of medicine, especially in the study of anatomy, which had not then been established in Greece, but was encouraged by the practice of embalming that at that time prevailed in Egypt. It is here, among other important

records, that we have the first account of the examination of the organs of living human beings, criminals condemned to death and given to the doctors for scientific experiments.

Herophilus and Erasistratus were two of the most prominent physicians of that school. We have record of only six physicians from their time, to that of Galen, who made dissections of the human body.

Herophilus was a follower of Hippocrates, and noted for his knowledge of drugs and medicine and his practice of the art of bleeding.

Erasistratus established a school of his own and paved the way for the empiric school, which was credited to Philinus, two hundred and eighty years before Christ. This school based its practice entirely upon the knowledge acquired from the records of previous practice and was very successful, both in medicine and surgery.

In the second century the empirics became intimately connected with the school of philosophy known as the Skeptics, and led by an empiric named Sextus. Their doctrines were transplanted to Rome and were in existence at the beginning of the middle ages.

A crude knowledge of medicine, mingled with superstitious observances, existed among the Romans of the earliest date, but their knowledge of medicine as a science, is due to the practice of the Greek physicians.

The first Greek physician who migrated to Rome was Arcagathus, two hundred and eighteen years before Christ. He came from the Peloponnesus. After him, one hundred and twenty-four years before Christ, came also Asclepiades, the intimate friend of Cicero, who established a school, which, although founded upon the school of Epicurus, was really closely allied in practice with that of the Stoics. His theory was the atomistic, according to which all diseases depended upon the size, number and arrangement of the atoms of which the body is composed. In the treatment of disease, most importance was given to diet, exercise and frictions, with the external use of cold water.

The credit of preserving the teachings of this school belongs to Themison of the second century. He was one of the pupils

of Asclepiades, and modifying his doctrines by the additions of his own, formed a system which for centuries existed along with that of Hippocrates. This system ignored the cause of diseases and held that it was only necessary to know the common qualities, relaxation and contraction, and a mixed state between the two, partly relaxed and partly contracted, which existed in the human body, and to counteract these conditions by such remedies as would produce opposite conditions. Signs of these conditions were supposed to be found in the general state of the body, especially the excretions. Themison may be regarded as the author of the Allopathic school.

Tertullian mentions the name of Soranus of the second century as belonging to this school, but somewhat modified. He practiced in the time of Trajan and Hadrian. Some of his works are still in existence in the original Greek, and also in the Latin translation of Cœlius Aurelianus, made in the fifth century.

Mention is made of the speculum by Soranus, although it existed at a much earlier date, as very fine specimens have been recovered from the excavations among the ruins of Pompeii, which was destroyed A. D. 79. This school lasted several centuries and assisted in the revival of medicine in the middle ages.

During the first century Athenæus established the pneumatic school. He advanced the theory that all actions of the body originated in the operation of the universal soul.

The *De Medicina* of A. Cornelius Celsus is supposed to be but the translation of the compilation of the knowledge of the Hippocratic and Alexandrian schools as they were understood and practiced at that time. Grave doubt exists as to whether Celsus himself was a physician, but none as to the great value of the information handed down to us by his writings, which rank in importance with those of Hippocrates and Galen.

Pliny, an enemy of the medical profession, by his work on natural history, gives a fair idea of the position occupied by the medical profession during his time.

We are indebted to Galen, who was a physician of the highest philosophical attainments, as well as a most industrious and indefatigable student, for the reformation of the evils

of the different systems that existed in his time. He was an enthusiastic anatomist and physiologist and practiced dissections extensively upon the bodies of animals. He rejected the atomistic theory and founded his physiology upon the theory of the four elements as understood by the school of Hippocrates, combining with it the belief that the spirit united with these elements in certain proportions.

Physiology, in its application to medicine, was derived from theories promulgated by Galen who held that the normal condition of the body depended upon the proper conditions of the four elements—heat, cold, moisture and dryness, and that all diseases were created by abnormal conditions of these elements, with faulty mixture of the blood, together with external hurtful conditions. He believed in curing diseases by establishing a contrary condition to that already existing in the system. His system existed until the decline of the Roman civilization and his writings were highly prized by the Arabians, by whom they were re-introduced into Europe. Even when Arabian medicine gave way to that of the Greeks, the influence of his teachings still remained, until swept away by the growth of medical science in the seventeenth and eighteenth centuries.

After Galen we have mention of Oribesius, of the Byzantine school. He was born at Pergamos and educated at Alexandria. He was the friend and court physician of Julian the Apostate.

In the seventh century Paulus *Aegineta* acquired considerable reputation in the practice of medicine and surgery. His works were translated into Arabic and were the principal source of surgical information at that time. His reputation lasted through the middle ages.

Under Christian emperors of this period we find health officers or chief physicians established in every large town. These officers were paid by the State and were compelled to attend the poor gratuitously. They held the title of Duke and no physician was allowed to practice medicine unless he held a certificate of examination signed by them. Hospitals were first established by the Christians at Cæsarea by St. Paula in the end of the fourth century.

The spread of the Mohammedan empire, which absorbed the civilization of the conquered nations, promoted the growth of medical science. Greek medicine was taught by Greek and Jewish teachers and flourishing schools arose during the year eight hundred and fifty-seven at Bagdad and other places. Rhazes, who came from Persia and practiced at Bagdad in the year nine hundred and twenty-seven, was one of the principal of these teachers. His doctrines did not differ materially from those of Galen and Hippocrates. He is renowned for having first described small-pox and measles in an accurate manner. Meshua the Younger, who lived at Damascus during the eleventh century, was the author of a work on *materia medica* (*De Simplicibus*), which retained a high reputation for several centuries and acted as a nucleus in the formation of the first London pharmacopœia by the college of physicians and surgeons in the time of James the First.

The knowledge of medicine, as it existed among the Arabians, derived its existence from the Greeks—with additions from oriental nations—from whom they received much useful information and many valuable remedies. They were skillful chemists and originated many valuable preparations. They got out the first pharmacopœia and were the first to establish apothecary shops.

The rise of medical science in the middle ages is closely connected with its last period in the Roman empire, but its continuity from the fifth to the tenth century is almost lost.

During these disturbed times we are indebted to the monasteries for the preservation of medical science. Medicine was closely studied by the Benedictine monks during the sixth century, and in the seventh, took a high stand in their establishments. During this century they established a monastery at Salerno, a Roman colony distinguished for the learning and medical knowledge of its monks.

A school of law and medicine flourished in Salerno at this time, which had become noted for its institutions of learning; William of Normandy, having at one time visited its medical schools for treatment. The names of the wives and daughters frequently appear upon the lists of the professors of this

celebrated school, the most noted of whom was Trotula during the eleventh century.

The school of Salerno kept its reputation until the thirteenth century, when the establishment of the schools of Naples and Montpellier, with the introduction of the Arabian practice, gradually caused its decline. The school of Salerno was founded upon the teachings of Hippocrates and Galen and other Greek authors. Here pharmacy reached a high degree of development. This school, which forms the link between the ancient and modern schools of medicine, was in existence until abolished by an edict of Bonaparte in the year 1811.

Constantinus Africanus, a monk, about the middle of the eleventh century, was one of the first to introduce a knowledge of the Arabian writings, by his translations of the same. After the conquest of Toledo, by Alphonso, of Castile, large numbers of European scholars were brought in contact with the Spanish Moors, by the translation of their writings.

During the twelfth century, Gerard translated from the writings of Avicenna and others, and eastern ideas were introduced into Europe by the crusaders, and some of the oldest universities in Europe were established. The Arabian version of Greek medicine held its sway until the revival of learning, when the study of medicine in the original languages started an era which lasted into the fourteenth century.

The first appearance in medicine of any Englishman of note, as author, was Gilbert, in twelve hundred and ninety, in his compendium of medicine, in which he gives some practical remarks upon the disease of Leprosy. Also John Gaddesden, in thirteen hundred and seventeen, who was a graduate of Merton College, Oxford, and Bernard Gordon's Scottish professor at Montpellier, in thirteen hundred and ninety-seven.

During the thirteenth and fourteenth centuries, surgery was much further advanced than the practice of medicine, more especially in France and Italy. The revival of Greek literature gave new life to the medical profession, the study of anatomy was revived along with that of botany, and the discovery of America, in the fifteenth century, added

greatly to the knowledge of botany and pharmacy, by the introduction of new and valuable plants.

During the fifteenth and sixteenth centuries, a new school of medicine was established by Paracelsus. He believed life to be a germinative process, controlled by the spirit, and that nature, in most cases, was amply sufficient for the cure of all diseases, and that it was only necessary for doctors to interfere when this was not the case, and then only to give some remedy antagonistic to the disease or its spiritual seed. These remedies were held to be specific, and some connection was supposed to exist between the medicine and the spirit, or seed of the disease. He introduced antimony and many valuable metallic and vegetable preparations, among which are the tincture of opium, to which he gave the name of Laudanum. He was followed in the seventeenth century by Von Helmont.

During the fifteenth and sixteenth centuries, the outbreak of what was called the English Sweat, or Sweating Sickness, together with the spread of Syphilis, and epidemic of the Plague, did much to foster the growth of medical science by showing the imperfections of the then known methods, and thus stimulating research.

Clinical instruction was now established in hospitals, and DeMonte, of the school of Padua, gave lectures on the patients in the hospital of St. Francis. In sixteen hundred and twenty-eight, Edward Harvey published his discovery of the circulation of the blood, and in sixteen hundred and sixty-one, Malpighi, by the use of the microscope, showed the course of the blood in the smaller vessels, and demonstrated the vesicular construction of the lungs, whilst Borelli and others showed the mechanism of respiration.

Hodges, in sixteen hundred and sixty-five, was the first to venture upon the post-mortem examination of the body of a person who had died of the plague. All of these discoveries, with the publication of pharmacopœias, such as that of the Royal College of Physicians and Surgeons, did much to increase the knowledge of medical science.

Thomas Sydenham, who was educated at Montpellier and Oxford, and practiced from sixteen hundred and twenty-four to sixteen hundred and eighty-nine, taught that disease was

nothing more than an effort of nature to restore the health of the patient by eliminating the morbid matter. He introduced milder and better methods of treating fevers, especially small-pox. He was an advocate of blood-letting, and practiced the use of specific medicines, more especially that of Peruvian Bark.

About this time the annual death rate in Europe, for small-pox, was four hundred thousand. In seventeen hundred and eighteen, Lady Mary Wortley Montague, who was in Constantinople and had witnessed the effects of inoculation in Belgrade, and had tried it upon her son and daughter, introduced the practice into England. Closely following this event, came the discovery by Edward Jenner, in seventeen hundred and eighty-eight, of the method of preventing small-pox by vaccination. He was led to the discovery by finding out from a country woman that persons after having cow pox were not liable to contract small-pox. Since that time, that terrible scourge has lost the most of its terrors, and no longer figures as one of the chief factors in the mortality reports of our great cities. About this time the necessity of the addition of lemon juice, krout and fresh vegetables to the dietary of seamen, as a means of preventing and curing scurvy, was recognized and practiced.

About the middle of the eighteenth century, John Brown originated a system of medicine, in which he explained the process of life and disease upon the one principle of excitability, and that the whole phenomena of health, as well as of disease, consisted of stimulus, and nothing else. He classed diseases as sthenic and asthenic, the latter requiring stimulating treatment, and former, the reverse. He was the first physician to advocate the stimulating treatment for fevers, and the use of animal soups and beef tea. Dr. Benjamin Rush, of Philadelphia, was a warm supporter of the theories of this school.

Among the many theories of the eighteenth century, that of Hahneman attracted a great deal of attention. He based his practice entirely upon the theory that all maladies resulted from three diseases—Psora, Syphilis and Sycosis—or were produced by medicine. He did not believe in the "Vis

**medicatrix naturee,"** but adopted the well known theory of "Similia similibus curantur." He afterwards adopted the theory of potentiality, that is, he believed that medicines were increased in power by dilution and subdivision, if the process was accompanied by pounding and shaking. He reduced his original tinctures to 1-50, and again to 1-50, until he had diluted them thirty times. There are still existing many followers of this insane doctrine—that the strength of medicines is increased by infinitesimal solutions and divisions, and that the way to treat a patient is to pretend to treat him whilst doing nothing, and in the meanwhile allow the patient to get well. This might be called the deceptive expectant treatment.

In the latter part of this century, John Fothergill investigated putrid sore throat, or diphtheria, and Tic Doulorenx; and Avenburger invented the method of diagnosing diseases of the chest by percussion.

The modern school of medicine, which commences with the nineteenth century, consists of the adoption in medicine of the methods of research afforded by physiological science, to the exclusion of theories and abstract speculations, theories being used as a means of research, rather than of conclusion. Modern medicine is, indeed, the positive or rational method of empiricism.

The growth of the modern school was first apparent in France and England, and then in Germany. The reform in France dated from the revolution, and the researches of Marie Francois Xavier Bichat, whose writings afforded a new basis for pathology, or the study of disease.

Rene Theophile Hyacinthe Laennec, who practiced in the latter part of the eighteenth and the first part of the nineteenth centuries, was the inventor of the method of combining auscultation and percussion in diagnosing disease. This method is called physical diagnosis, and caused a complete revolution in the study of diseases of the chest. All of these discoveries, with the increased attention paid to morbid anatomy or pathology, the introduction of anæsthetics, the aseptic and antiseptic treatment of wounds and diseases, the discovery of new remedies, the hypodermic use of medicines, with the

extended researches made in the study of bacteriology, together with all the appliances and discoveries of modern science, has indeed opened a new era in the practice of medicine, which seems in many of its branches to be fast approaching a position among the exact sciences.

The relations of the profession to society are most sacred—the attitude of the physician in the discharge of his duty to humanity is sublime—the science of medicine itself, is one of beauty and grandeur.

"As some tall cliff lifts its awful head,  
Swell from the plain, and midway leaves the storm.  
Though round its breast, the roaring clouds are spread,  
Eternal sunshine settles on its head."

## Asthenopia.

BY C. DREW, M. D.

Recently much discussion has occurred with regard to physical conditions formerly diagnosed as sick headache, facial neuralgia, neurasthenia, spinal irritation, etc., but which research has shown to be due to a condition of the eyes now known as asthenopia, a condition recognized by symptoms such as headache, vertigo, nausea, pain in using the eyes for near work, hysterical manifestations and a host of other symptoms. It may occur under ordinary circumstances, but usually only where special effort is made at near work, such as sewing or reading. It would appear in considering the occupations and enjoyments of primitive man, that the human eye was intended more for use in viewing objects at infinity than for near vision requiring extraordinary efforts of accommodation or convergence, but that with the advance of civilization, and the struggle for supremacy in which mental qualifications must be cultivated to the utmost capability, the eye, as well as the brain is frequently subjected to a greater strain than it is capable of enduring. Hence, such symptoms may be regarded, not only as of local importance and as a source of discomfort, but frequently as an index to constitutional failure not to be detected upon superficial examination. Such strain doubtless often begins during early school life with long hours of confinement in the school room—extra studies to be mastered during afternoon and evening without that necessary exercise which every thoughtful physician knows to be necessary for physical protection. The result being spinal curvature, imperfect digestion, enlarged tonsils, hypertrophic rhinity, chronic conjunctivitis, hypermetropia, astigmatism, etc. One result being that it is a common occurrence for the school children of the present day to be fitted with spectacles in order that they may continue their studies, and as they approach adult life, or as they get fully advanced in it, the symptoms recognized as asthenopia make their appearance

alone or more often associated with some other defect. Hence, it seems likely that the disease we are discussing existed in some past generations, but its increasing frequency under the conditions above mentioned has led to its more thorough investigation. If we consider the very intimate association existing between all nerves of special sense through the sympathetic system, with all parts of the body, no matter how insignificant or remote, and the fact that through the ganglia connected with this system all the special senses are allied, it being almost impossible to taste, smell, hear, see or even think without having the impression made upon a special centre more or less impressed upon the others, and if we do not fail to realize the fact that sensitiveness to impressions upon these centres is acute perhaps beyond our comprehension, and of a nature perhaps beyond our knowledge, we may more readily realize that one string being out of tune how great the discord which may follow in the whole organization. All innervation is directly dependant upon the functional activity of the brain, the development of muscle and other structures; the capacity of the organism for the discharge of its functions. The perfection of the special senses must depend largely upon its healthful state. With cerebral anæmia or hyperæmia, more or less in proportion as the condition is pathological, are the sensations of hearing, seeing, smelling, etc., deranged. Conditions of anesthesia of the retina and other abnormalities may be directly traced to such pathological conditions.

In cerebral anæmia or hyperæmia colors may appear more or less brilliant and sounds more or less accentuated than to the normal senses, and in the same conditions there will probably be excitation or depression of both mental and physical activity. Among the obvious consequences of such physical conditions made manifest through ocular disturbances, in addition to those before mentioned, may be named epilepsy, insomnia, neurasthenia, mental aberration of various degrees, cardiac irregularity, morning headache, rectal irritation, and diarrhoea, and frequently in females uterine and ovarian irritation so intimately associated that it may be difficult at times to say where the trouble begins, and whether reflected from the sexual organs to the eyes, or from the eyes to the sexual organs,

or whether both may or may not be an evidence of a general constitutional dyscrasia. Dr. A. L. Ranney, of New York, has published some cases of asthenopia in the New York *Medical Journal* during the past year, giving details of symptoms and treatment which may truly be regarded as remarkable.

For example, I give one of his most simple cases, such as is frequently found :

**CASE XVI.** *Constant headache for sixteen years, associated with nervous prostration that kept her in bed for five months—Mrs. A., wife of a physician, aged thirty-three. Has had two children.*

**Family History.**—Mother has headache. One sister has headache. Two sisters have poor eyes. One paternal aunt died of phthisis.

**Eye Defects.**—At the first examination the patient showed the following condition: O. D. + 0.50 s.  $\odot$  + 0.50 c. axis, 90° O. S. + 0.50 s. Right hyperphoria, 2°. Exophoria,  $\frac{1}{2}$ °. Adduction, 37°. Abduction, 10°. Right sursumduction, 8°. Left sursumduction, 4°. Later, under atropine, the refractive condition was slightly modified—i. e., O. D. + 1.00 s.  $\odot$  + 0.75 c. axis, 115°. O. S. + 1.50 s.

Glasses were ordered for constant wear as follows : O. D. + 0.50 s.  $\odot$  + 0.75 c. axis, 115. O. S. + 1.50 s.

After wearing the glasses for three days there was no apparent muscular defect, the hyperphoria having disappeared. Adduction, 39°. Abduction, 8°. Right sursumduction, 6°. Left sursumduction, 5°. No hyperphoria. No exophoria.

**History of the Case.**—The patient began to have headache at seventeen years of age. About eight years ago she began to have more severe headache, which now has become constant, with exacerbations about every two weeks and also during menstruation. About five years ago she picked out a pair of glasses (- 0.50 s.) for herself which helped her somewhat at first. She had been under the care of a prominent gynaecologist for retroversion, but without improvement in her headache. The pain is in the left temporal region, running both backward and forward. For five months she was confined to her bed with headache, and her husband (a physician) thought she had organic trouble. She has tried all drugs, electricity, etc., without benefit.

For years she has only been able to walk short distances with the aid of her husband's arm.

**Treatment and Results.**—The treatment consisted simply in ordering the glasses for constant wear to correct her error of focus.

The result of wearing the glasses was almost magical. Within a week she reported that she had walked four miles, was up till 2 A. M. at an entertainment, and had had no headache; that she felt better than for nine years.

In a letter received from her husband three months later, he says: "I am very glad to say to you that Mrs. A. has improved very much physically and mentally since you fitted her with glasses. She has not had a particle of the old headache, with but one exception. The time I speak of was at her menstrual epoch, and then but slight and only for a short time."

Writers upon this subject mention as some of the causes the following: Errors of refraction, nasal catarrh and chronic conjunctivitis, over work or excessive mental application, depression of the general health with weakness of ocular muscles (muscular asthenopia) including the ciliary, malaria, to which I think may be added neoplasms of the brain and renal disturbances. While most of these act directly as causes, it may be well to go further back and inquire as to the causative agency of imperfect school hygiene, when the bony structures are undeveloped and yielding, and all other proportions of the economy proportionately immature. Here we will reach the origin of many such cases. Recently a young teacher sprung from a family accustomod to out of door life, and free from asthenopia or neurasthenia, came to me for relief from both afflictions, evidently due to study and confinement. At her request I called at her school room to inquire into the cause of "eye ache" in her scholars, which she had remarked was not uncommon. I found nothing insanitary in the surroundings, and only confinement and application to near work to account for her statements. I have examined into the management of a good many schools and am convinced that confinement during the entire forenoon, without fresh air or exercise more than the usual fifteen or twenty minutes recess is detrimental to the health and growth of little children, and feel hopeful that in the future will develop still more healthful and enjoyable methods in the training of the intellect and in developing the bodies of those in whose hands are to rest the future destiny of our country.

It is not my intention to weary you with an account of the

methods of diagnosis of these affections. Those interested will find good accounts of the methods in Prof. Noyes' last treatise upon the eye, and in "Ophthalmological Prisms," by Ernest E. Maddox, of Edinburg, and other works of like character. It has appeared to me that the method of testing for insufficiency or want of power of muscles by means of a prism with base up or down is unreliable. We may test at twenty feet and find good evidence of weak internal recti muscles, but if we associate the eyes by a prism base we often find homonymous diplopia, or apparently excessive strength of the internal recti muscles. I account for this by the theory that in the effort to secure binocular vision the interni are accustomed to put forth extraordinary effort, when dissociated, the same effort is made, but with less successful resistance from the externi, and apparently an excess of power in the interni; hence, we must regard this test as unreliable.

For complete detail as to the treatment of asthenopia, I must again refer those interested to works upon that subject. The best methods suggest themselves to me as follows: A careful inquiry into occupation and habit, their effect upon the general health, the possibility of constitutional disease, and the correction as far as may be possible of all such conditions detrimental to health and comfort. The careful correction of all errors of refraction, myopia, if of high degree, hypermetropia, or astigmatism, systematic reading for only short periods of time, not sufficient to fatigue the eyes, persistent calesthenic training of the eye muscles daily by means of prisms by what is known as Dyer's method, are means at the control of every one that will give attention to the subject.

If we fail to meet with success by these methods, relief may be obtained by resort to surgical procedure. That of complete tenotomy or severing a muscle at a single operation has been practiced since 1840 and is still preferred by a large proportion of conservative ophthalmic surgeons. In the method known as partial tenotomy, only a few fibers of a muscle are divided at one operation, time being then allowed to elapse, and if the effect proves insufficient, it is to be repeated as often as may be necessary. I can claim no experience with it, and while it would appear to be tedious, painful and expensive,

there is much that may be said in its favor. Before resorting to surgical procedure, a faithful effort should be made to secure relief by the careful correction of errors of refraction, constitutional treatment and physical training.

It has always appeared to me that too little attention has been given to the careful centering of lenses. Even at this late day, it is not uncommon for physicians to trust this to the optician, whose risk in the way of reputation amounts to little and who cannot appreciate the condition of the patient. It is certainly a fact that a lens which is not accurately centered will act as a prism, diverting rays to an improper direction and in a sensitive person with weak muscles, may aggravate rather than relieve the asthenopia.

It is often difficult to give relief in such cases, one reason being that individuals are more impatient under such circumstances and expect more prompt relief than is the case in most other chronic ailments, often discontinuing treatment before the physician has failed in his resources or even had a fair opportunity for thorough study and treatment of the case.

#### DISCUSSION.

Dr. Caldwell—Before this paper is referred to the Publication Committee, I want to thank Dr. Drew for his paper. I have listened to it with a great deal of interest. I have had a number of cases and have been compelled in most instances to depend upon a local jeweler. I have been compelled to send some patients away; some to St. Augustine and some to Jacksonville to be fitted with glasses. I did not know that Dr. Drew was an adept in fitting glasses. I only knew, that in the State, there was Dr. Nolan and Dr. Wesley, except of course, Dr. Pierpont and he is too far away. In connection with your reference to the school rooms of the State, I must say we do not pay enough attention to this subject. The school hours are too long. It may be different where you have public buildings, but in our schools in the country where our children are obliged to go into ill ventilated rooms and sit on uncomfortable seats, and are obliged to bend over uncomfortable desks, we have a great deal of this trouble. I desire to thank the Doctor for the paper and when it is published I shall read it with a great deal of interest.

**Dr. Stringer**—Dr. Caldwell is in the habit of making very sweeping remarks about Florida. It may be so in Orange County, but so far as I am acquainted, the counties in South Florida have the best of school houses, the very best school furniture, of recent design, and the children are more comfortable and would rather go to school than stay at home. I do not think he should make such sweeping statements against the prosperity of the State as he does, when he speaks about the effects of bad ventilation of the school houses and the seats in the South Florida school buildings.

**Dr. Caldwell**—Caldwell always gets jumped on, but I can prove what I say, that, ninety-nine school houses out of a hundred—outside of the larger cities and towns, of course, are illy ventilated and the furniture is exceedingly poor, and I insist that it is a sin and a shame, and they should be wiped off the face of the earth. Perhaps they are all they should be, in Dr. Stringer's county, and in Brooksville I have no doubt he has an elegant school house, but in the country districts where we have our children—and I have a child there, in the cause of education and in the cause of good hygiene we, should have better school accomodations, and I say Sanford and Orange County and nearly every county has, more or less, of these school houses that are a blot on their civilization.

**Dr. Webb**—An illy ventilated Florida school house is something I cannot understand. In northern countries ventilation is a great problem, but in Florida the problem is so simple that it solves itself.

**Dr. Lancaster**—I move all this out of order.

**Dr. Caldwell**—I claim it as a privilege. In the winter season you cannot throw open the windows and as there is no other mode of ventilization the pupils are confined in a stuffy room, and go to their homes with headache and all the attendant ill effects of close confinement.

**Dr. Stringer**—It is just a matter of accusation against the school department of the State. So far as my county and the adjacent counties are concerned, that accusation as to uncomfortable desks is incorrect.

Dr. Williams—I think I can bear out our President (Dr. Stringer) as to the schools in our town and county.

Dr. Drew—I think one has to pay great attention to school hygiene to understand the wants of a child. Right here in Duval County—I do not say they are bad, but they are not what they should be. I believe that in the main Dr. Caldwell is right. There are other things besides ventilation, and, one thing I most object to is the long school hours, running from eight in the morning to two in the afternoon, to which no growing boy or girl should be subjected. There undoubtedly is needed a radical change in the method of educating our little children.

Referred to Publication Committee.

## The Importance of Vital Statistics.

BY JOS. Y. PORTER, M. D.

The Medical profession repeatedly announces "That to Medical men belong Medical matters." Whether this announcement is viewed in the light of exclusive proprietorship of benefits to be derived therefrom or the discharge of obligations connected therewith, matters but little; for in either case the profession assumes the prerogative to deal with matters medical and the dogma has been accepted as a truism.

Such being the case, it is somewhat surprising that as jealous as medical men seem to be of their right and privilege, (which many claim to be inherent in the profession) to manage and control everything connected with their special art, that outside of the attention paid to the details of Therapeutics and the practice of Medicine and Surgery, there are of the vast army of physicians in this country so few, comparatively, who give any time or thought to preventive measures against disease, or to its allied subject of Vital Statistics. Can this state of affairs be due to want of special training on these subjects in the medical schools, or is it a lack of interest in matters not directly or intimately connected with the daily routine life of the average practitioner of medicine? Of the former, I think not, for the chair of hygiene in medical universities rank as high and as important as the other branches taught, and a knowledge of hygiene and preventive medicine is a prerequisite to graduation.

Why then, it can be asked, is it that in the ranks of the medical men of Florida there are so few found who take an active interest in hygiene and sanitation? That interest which should prompt them to be teachers in this broad field to the public generally. That interest which would make each member of the profession an educational center in this respect, from whom should proceed those truths and facts which would stamp him as a broad, liberal minded, unselfish man and humanitarian, who, although earning his daily sustenance by

aiding nature in curing disease, could rise above sordid desire for wealth and freely give from his storehouse of knowledge, that information which tends to prevent disease and prolong life, even to the contraction of his own pocket book.

Frequent appeals of late have been made by the State Board of Health to the medical men of the State to report the births and deaths as they occurred in the practice of each, because it was represented by those charged by law to collect these facts (the County Boards of Health) that the failure, and in some instances the positive refusal of the "Doctors" to furnish the number of births and deaths, prevented the official from returning to the statistical bureau of the State Board reliable data in this respect.

It has been suggested that in view of the above, that it would be eminently proper at the present time to give this information to the Medical Association and to make an especial appeal to it for assistance in gathering vital statistics and aid to those who, as special collectors, are eager and willing to do the work, if only assistance from each member of the profession is generously given.

The births, marriages and deaths, the various diseases from which people suffer and die, with all the influences which affect their vitality are facts, which, when observed in the various relations to time and place, and dealt with according to numerical method, lie at the foundation of all sound inquiry, and supply the only true criterian of sanitary science. From this knowledge, this compilation of facts is deduced that science which is called "Vital Statistics." "Nature," says Professor Jevons, "though it probably never fails to obey the same fixed laws, yet presents to us an apparently unlimited series of varied combinations of events. It is the work of science to observe and record the kinds and comparative numbers of such combinations of phenomena occurring spontaneously or produced by our interference. Patient and skilful examination of the records may then disclose the laws imposed on matter at its creation, and enable us, more or less successfully to predict, or even to regulate the future occurrence of any particular combination."

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It is not my intention, for time and space would not permit it, to enter in detail into the various methods employed to compile the vital statistics of any country or locality, but rather a desire to invite earnest attention to the fact that without a knowledge of the "movement of the population," that is to say, the number of births, marriages and deaths, it is impossible to compile that data which, when furnished, classified and discussed, give statistical results of great benefit to the human family.

The census or enumeration of the people of this country is furnished every decade by the general government, so by the individual sanitist or vital statistician neither trouble nor expense is incurred; but the information necessary to the registration of the births and deaths must come primarily from the physicians of the State. How is it possible to learn of the number of births and deaths occurring in the different counties unless the Doctors residing and practicing therein, report the same, and without this knowledge, any attempt to compile statistical information of a vital character must fail to be of value. The number of marriages can generally be obtained from the county judge, whose duty it is to issue licenses and record the same, but even in this there is found a laxity in some counties which operates against the value of this item of statistics. It is learned that no record of race is kept by some of the county judges in recording the marriage license.

The total number of births and deaths, with the cause of death, should be monthly reported by each physician to the County Board of Health of his county, and in this enumeration the sex and nationality of the infant born, with the nationality and health of parents, should be mentioned as facts bearing upon the probable or possible longevity of the individual. With the report of deaths, care should be exercised in stating causes. Diagnosis, as near correct as possible, should be made, and all facts attending the death that may be of interest or value to the public health official should be given as remarks.

Blanks specially prepared are kept by the Health Officers of the Counties, and are gratuitously distributed. Birth and

death cards, ready for mailing, are also issued free, and therefore it appears that the only requisite necessary for the successful registration of vital statistics of this State is to arouse the members of the profession, to whom belong medical matters, to the appreciation of the value which a compilation of facts, such as furnished by vital statistics, will be to the State and which will assuredly redound to the credit of the profession.

## Perforating Typhoidal Ulcer Simulating Perforative Appendicitis.

BY NEAL MITCHELL, M. D.

A typical cases of typhoid fever are in this locality not infrequent. They vary in character between those which deviate but slightly from the accepted type and those which lack entirely the symptoms upon which a diagnosis may be based. These latter cases doubtless run their entire course without recognition unless some explosion reveals the true nature of the disease. A description of these modified forms of fever and their ætiological relationship would be both interesting and instructive, but does not come within the scope of this paper. I shall simply report a case. I may be criticized for failing to be specific and definite in many points which are considered essential to a well ordered clinical report, but you will observe that neither the gravity or peculiarity of the case in its early history made the keeping of a record necessary. But without this minuteness of detail, I can make clear to you the facts which I wish to impress.

The patient was a white male, 33 years of age, 5 feet 4 inches in height, 158 pounds in weight. Health had always been excellent. Habits good. I saw him on Friday afternoon, November 11, 1892. He said he had been feeling as well as usual. Had worked, however, very hard for some time past, and thought he was in consequence somewhat run down. For three days past he had felt bilious, for which condition he had taken three compound cathartic pills on the Tuesday preceding. As this did not act satisfactorily, he had followed it the next day with a bottle of citrate of magnesia and quinine. Feeling no better on Friday, he went to bed and sent for me. I found him with a temperature of 103 and pulse of 82, respiration free and of normal frequency, skin hot, but rather moist with warm extremities.; no headache, though head was hot; heart and lungs were normal; the area of hepatic dullness was slightly increased, but no appre-

ciable enlargement of spleen was discoverable by percussion or palpation; inspection of abdomen revealed nothing. There was an apparent fullness, but this was due entirely to accumulation of adipose tissue and not to presence of gas. There was no more tympanites or gurgling in the right iliac fossa than one would naturally expect. Deep pressure revealed nothing. In fact, there was no symptom subjective or objective referable to the abdomen or its contents. The tongue was moist, perhaps rather paler than usual, with moderate coating along center, which thickened posteriorly, but gradually shaded off as it approached the edges and tip. There was no lingual enlargement, no teeth indentations, no reddening of tip. There was nothing about it suggestive of glandular or intestinal disturbance. Indeed, it was just such a looking tongue as you see every day in your office, when one is a little out of order. The only positive symptom was a peculiar odor, which I have learned to look upon with suspicion—an odor, to me, of sweet spirits of nitre—which I have seldom failed to observe in continued fevers. There was no discoverable morbid condition of mouth or throat to occasion this destructive breath. There had been no nausea or vomiting. The bowels had shown a disposition to constipation by failing to respond adequately to purgatives. The kidneys, as far as I could learn, were doing satisfactory work.

As a whole, the symptoms were negative. I should have considered the case a simple malarial fever but for an uneasy, anxious expression of countenance which we see in some grave disorder, as pneumonia, and a hectic flush on each cheek like that in phthisis. These symptoms made me feel intuitively that some causative element was present as yet undiscovered, and I consequently used much greater care than usual in trying to clear up the diagnosis. Feeling that the cholagogue had failed to produce the desired effect, for both the compound cathartic pills and citrate of magnesia had given but three or four slight actions, I ordered, beside a simple fever preparation, podophyllin and calomel; also quinine in divided doses.

I saw him again on Saturday morning. He reported a restless night. Had slept but little. There had been no headache or pain anywhere. The bowels had acted but slightly.

I will not detail the symptoms from this time until the following Wednesday, for they remained practically unchanged. In a general way I will say his days were comfortable; his nights restless, because of inability to sleep well. Bromidia was his best hypnotic, but it gave a dreamy sleep that did not refresh. His bowels moved each day—generally once, except on Tuesday. The actions were of a greenish nondescript color and unaccompanied by gas. The urine was high colored, free from bile, but contained a trace of albumen, which indicated the probable presence of some toxic principle in the blood. Carefully repeated examinations by my brother, Dr. Sollace Mitchell and myself, failed to find any pathological condition which stood in a causal relation. He received each night, in divided doses, from 20-30 grains of quinine, which modified the fever as follows:

|                 | A. M.        | P. M.   |
|-----------------|--------------|---------|
| Saturday .....  | 101 4-5..... | 102     |
| Sunday.....     | 101 1-5..... | 102 1-2 |
| Monday .....    | 99 1-2.....  | 101 4-5 |
| Tuesday .....   | 100 1-2..... | 101 2-5 |
| Wednesday ..... | 100 .....    | 102 4-5 |

I did not note the pulse or respiration because they were not significant. The pulse I recollect, however, was never over 84, and the respiration was from 17-19.

On Wednesday forenoon he looked fresher and reported having passed a more comfortable night. His face looked less anxious. His tongue presented the same non-committal appearance and the abdomen gave no suspicion of pathological process. He felt better and I thought him more comfortable. In the evening, I was called to see him, because of a sudden pain in his right side. When I reached him, this had changed in character to a dull, heavy pain, radiating over the right side. Its point of intensity corresponded with McBurney's point, being on a line drawn from the umbilicus to anterior superior spinous process, two inches from the latter. The finger tip did not seem to increase pain apparently. There was no collapse or vomiting. I was inclined to attribute it to appendicitis, though there had been no symptoms of such

an affection. I could not feel justified in operating when pain was the sole indication, especially in view of the fact that the most careful examination in the latter part of the forenoon had shown nothing abnormal in that region. His temperature at this time was 102 4-5. Pulse, 96.

On Thursday morning early I found characteristic symptoms of perforative appendicitis. The pain was constant over right side, with point of greatest sensitiveness on pressure as already indicated. Muscular rigidity of right side was marked. Bowels tympanitic and constipated. Patient layed with limbs flexed on abdomen, and complained of pain when either limb, but particularly the right, was extended. The temperature now was 103. Pulse, 116.

Dr. Daniel and Dr. Sollace Mitchell, who saw the case with me, confirmed the diagnosis, and we agreed upon immediate operation, which was performed in the presence of Drs. Daniel, Drew, Miller and Sollace Mitchell. Before the patient was put on the table his pulse was 142. The incision was made over the point of greatest sensitiveness. As soon as the abdomen was opened the perforation appeared in the wound and it was at once recognized as typhoidal. It was slightly ovoid, about 1-6 of an inch in diameter. When it had been sewed, an examination showed it to be located about six inches from the appendix, where the appendix is usually found. Two inches above the perforation were two ulcers about half an inch apart, one of which was just breaking through, the other almost ready to do so. The appendix was normal. The abdominal wound was rapidly closed. Patient rallied fairly well, but died two hours after.

"There is not a symptom belonging to typhoid fever," says Liebermeister, "which can be characterized as pathognomonic." The symptoms commonly regarded of most diagnostic importance are the temperature, habitude of mind, enlargement of spleen meteorism ochre stools and the presence of rose spots.

In looking back over this case, I can find no symptom really suggestive and no group of symptoms indicative of the disease. The temperature, probably the most valuable sign of the first few days, was wanting, for the case did not come under observation until the third week. There was an entire absence of

head and nervous symptoms. The tongue, which to me, in form, color and condition almost invariably indicates something, was here entirely negative. There was an absence of rose spots, but this does not mean much to me, as I find them in but a small proportion of the cases. There was no appreciable splenic enlargement. There was no tympanites, which is a symptom almost always present in my practice to a greater or less extent, even under the most approved intestinal antisepsis. There was no abnormal iliac gurgling, no diarrhoea, no ochre stools and no hemorrhages. It was simply a case of walking typhoid, which ran a symptomless course.

This class of cases at present can be diagnosticated by the general practitioner only by exclusion. When the blood is examined microscopically and the plasmodium malarial is wanting, typhoid may be diagnosticated provided all local disturbances are eliminated. When microscopical technique becomes simplified, we shall all diagnose the bacillus of typhoid as we now do the bacillus of phthisis.

## The Human Brain—An Appeal to the General Practitioner to Give it More study.

BY J. HARRISON HODGES, M. D.

*Mr. President and Gentlemen of the Florida Medical Association.*

I wish briefly to call your attention to some poorly expressed thoughts on the study of the human brain and its diseases and injuries, hoping that if it does no more, it will result in the preparation of an abler and more exhaustive paper on the same subject, for some subsequent meeting of this Association, by more competent hands.

I do not flatter myself that I could instruct you by any original deductions from my own personal experience, nor will I tire you by a tedious report of cases. But I can appeal to you to give this department of our science that attention which, from its importance, it has a right to demand. And this is the object of my paper before you to-day.

Brain surgery, and diseases of the brain are receiving the careful consideration of medical bodies over the entire world, and the Florida Medical Association must not fail to keep up with the spirit of the times in this particular.

A great deal which was unknown, and unknowable with their crude methods of research, to the older investigators, has been accurately determined in recent years. But, unfortunately, science has not yet completely mastered this monarch of organisms, the human brain. There still remains much to be known, and ample room for investigators and students of science. Although the first original observation upon any subject connected with medicine made by an American, had reference to the brain, (and of this I am proud) and while America soon came to occupy an enviable position by reason of the work she had done in certain lines, the question of brain injuries and their relief had not received much attention until that accident occurred, which was at first discredited

in every quarter, and afterwards became famous as the "American Crobar Case," in which an iron bar, weighing thirteen and a quarter pounds, and measuring three and a half feet in length, and one and a quarter inches in diameter, was shot completely through the brain. Every member of this Association is familiar with this case, as it has been widely published and commented on. You are also familiar with the remarkable fact that the subject of this accident continued with all of his faculties intact, and worked hard as a laborer for twelve years subsequent to the accident.

The profession learned a new and important lesson from this case, and it served to start up a series of studies which have accomplished wonders in the domain of neurology and brain surgery.

Hardly less remarkable is the case of the nineteen-year-old boy into whose brain, through the orbit, was shot the four and three-quarter inch breech-pin of a gun, the presence of which was not suspected for five months.

Thus we see, not only how this organ may sometimes withstand extensive lacerations without serious symptoms resulting, but how it may also tolerate large sized foreign bodies imbedded in its substance. On the other hand, the most apparently trivial injuries are followed by alarming and fatal results.

Previous to the first accident alluded to above, and for some years afterwards, for that matter, the brain was looked upon throughout the profession, for the most part, as a sacred and vital precinct wherein no surgeon dared to tread, and the present bold use of the surgeon's knife would have filled every medical man with horror. The cranium now, however, like the other cavities of the body, is assailed, under proper precautions, with impunity. The puncturing of the brain with the delicate hypodermic needle would, some years ago, have been looked upon as hardly short of murderous. Now, however, for purposes of exploration, the needle, with proper care, is plunged into all parts of the brain, care being taken not to enter the interal capsule or lateral ventricles.

About this wonderfully complex organ, its powers of endurance, and the phenomena which it manifests in the presence of injuries or disease, there clings a fascination which I am afraid the unpoetical practitioner is apt to ignore. I do not think we should allow the specialist to have a monopoly of the satisfaction which a clear and comprehensive knowledge of this subject gives. As it was the brain of Columbus which pointed the way to the achievements we this year celebrate, so it is the brain which is the power behind the throne—the throne itself—which must be given the credit of every grand achievement of man since the world began.

Every physician, at the outset of his career, should master the wonderously complex architecture of the human brain.

Among the important points which we must always remember when we are called upon to investigate brain lesions or disease, is the fact that the nervous connections of the hemispheres of the brain with the body, is chiefly with that of the opposite side—the right hemisphere being associated with the left lateral half of the body, and the left hemisphere with the right lateral half of the body. It is well to bear in mind, where impaired intelligence plays a part in the diagnosis, that it is the surface of the brain which receives impressions from without; it is here that conscious appreciation of these impressions takes place; in other words, it is the surface of the brain which is the seat of conscious mental action. The more or less accurate mapping out of this area into the special centers presiding over the different functions has been of incalculable aid. As an illustration of the accurate skill which is possible in the diagnosis of brain lesions, I recall the case reported by Dr. George Preston, in the Journal of Mental and Nervous Diseases, for April, 1889, mention of which is also made in the 1890 issue of the Annual of Universal Medical Sciences. This is a case of gliosarcomatous tumor, the size of a hen's egg, at the base of the brain, springing from the posterior portion of the corpus callosum, attached to the falx and tentorium, and exerting considerable pressure upon the middle lobe of the cerebellum and corpora quadrigemina.

This case came under my personal observation, and although the symptoms were considered somewhat obscure by the hospital staff, there being no paralysis or loss of sensation, Dr. Preston accurately located the seat and probable size of the tumor before death. I made the post-mortem, disclosing the identical condition which had been diagnosed.

Although cases like this must invariably, perhaps, from their very nature have a fatal termination, they stand out as strong beacon lights, showing that our investigations along this line are on the right track.

In 1888, at the Congress of American Physicians and Surgeons, in Washington, I had the pleasure of witnessing an illustrated lecture on brain localization and surgery by that eminent English brain surgeon, Sir Victor Horsley. I was impressed at this lecture with what close and conscientious and continuous application in any branch will accomplish. In this manner Horsley has made himself, perhaps, the greatest brain surgeon living; and, while, I hardly presume that any of us aspire to become a Horsley, I do presume that every one of us aspires to make himself as competent a physician as his abilities and time and opportunities will permit. No man is a competent physician who does not devote some of his time to the careful study of brain and nervous diseases. I feel sure that each of us has so devoted such time. But the fact remains that no paper bearing on this subject has heretofore been presented to this Association, and the report of no case coming within this class of diseases occupies a place in any of our published proceedings, so far as I have been able to discover.

To treat this, as any other class of diseases, intelligently, we must first diagnose them. I am afraid too few of us fit ourselves to observe the important and suggestive eye symptoms which are often of such great aid: for I believe it is a fact, now recognized by all, that almost all diseases of the brain or its membranes, arising from injuries inflicted, produce pathological changes in the retina and optic nerve. For instance, all acute or chronic inflammations of the membranes produce œdema of the papilla and retina. Extravasations in the brain can often be positively determined,

where other symptoms are lacking, by the presence of the choked disc, seen upon ophthalmoscopic examination. We find this "choked disc" in cerebral tumors; in any condition which tends to increase intra-ocular pressure. It is, in fact, one of the most positive signs of disease within the cranium.

Every practitioner who can afford it ought to have an ophthalmoscope, and should know how to use it. It is not necessary that he attempt to be an eye specialist because he happens to possess an ophthalmoscope, but it will aid him in diagnosing many conditions besides those of the eye and brain.

In making our examinations for brain disease we will not, of course, lose sight of the patella reflex. We do not, however, always make use of it to the extent which we might. The tendon reflexes are exaggerated after cerebral hemorrhage, except temporarily sometimes, when the hemorrhage is sudden and profuse. They are also exaggerated after the growth of tumors, the existence of degeneration, and usually after an epileptic paroxysm.

Cerebellar hemorrhage, on the other hand, causes a diminution or total abolition of the knee jerk. Tumors in the cerebellum also usually destroy it. Hence, this symptom proves a most valuable help in the differential diagnosis between tumors of the cerebrum and cerebellum. In sclerosis of the cord, the study of the patella reflex is of almost invaluable assistance. In general paresis, of which we hear so much in recent years, the jerk affords an early indication which we must not lose sight of, as the only chance for these poor victims is to discover the disease early. The exaggerated jerk will give valuable early information.

When it comes to lesions of the cerebellum, there are no pathognomonic symptoms. Those of inco-ordination of movements, intense vertigo, and visual disturbances are, perhaps, the most frequent attendants of cerebellar disease.

When the medulla oblongata becomes diseased, impairments of the voice and disturbances of the respiratory and circulatory symptoms afford the most important diagnostic indications.

Certain single subjective or objective symptoms often alone direct us to the seat of the lesion with more or less accuracy.

Thus, **anosmia**, or loss of smell, in itself would naturally be indicative of a lesion involving the olfactory or first cranial nerve. Reasoning further on the probable situation of such a lesion involving the olfactory or first cranial nerve. Reasoning further on the probable situation of such a lesion, we would have to place it in one of two situations—either in the anterior fossa of the cranium, or in the apex of the temporal lobe, as only in one of these situations would it be able to directly involve the olfactory nerve. If in the latter of these two situations, there would most probably be other evidences of a destructive disease.

This is only a slight indication of how, in many cases, the exercise of a little clear anatomical knowledge, together with careful reasoning, will enable us to accomplish more than we thought we were able to do. Thus, for instance, again given a case of that peculiar disease, homonymous hemianopia, in which the temporal half of one eye and the nasal half of the other is blind, we know at once that we have a case of destruction or pressure upon the optic tracts. In conditions affecting the frontal lobes, impairment of intellect and embarrassment of speech are marked symptoms. This is why tumors so seldom, comparatively, affect either intellect or speech. They are rarely situated in the frontal region.

It is not always by any means easy to discriminate between tumors and softening, but when a certain group of more or less general symptoms, which I will not stop here to enumerate, are such as to indicate that cerebral softening is taking place, deductions of some accuracy as to the seat of the softening can often be made by the finer discrimination of certain symptoms presented. If the function of swallowing, for instance, be affected, we would conclude that the pons or medulla probably is involved in the degeneration process. A disturbance of the ocular muscles would place the seat of softening in the crus cerebri. If word-deafness occur, the seat is probably in the temporal lobe of the left hemisphere; whereas, word-blindness would indicate that the trouble is probably in the occipital lobes. And thus, as I have remarked before, intelligent attention to certain important points in differential diagnosis will

often throw a flood of light on conditions which we are accustomed to look upon as enshrouded in darkness and mystery.

But, you may ask, why appeal to the general practitioner to waste time and energy studying a condition which is fatal almost beyond the possibilities of a doubt?

I answer that the very gravity of this terrible condition should make us the more eager to give it our attention. A few cases have been cured, and where one has been saved there is hope for others.

But, of all conditions, it is in abcess of the brain that the ability to properly locate is of supreme importance. The opening of a brain abcess was hardly dreamed of until lately, but now, fortunately, it is as well recognized a surgical procedure as the opening of an abcess in any other situation of the body.

The well-known maxim to "let out pent-up pus wherever found," will never be abridged. It is here again that a good knowledge of the present status of cerebral localization is indispensable. Ranney, in his admirable "Lectures on Nervous Diseases," enumerates fifteen varieties of tumors of the brain. But, of all the tumors of the brain which we should strive to recognize, the syphilitic is the most important, for it is not only by far the most frequent, but it is here that our efforts at relief meet with the most gratifying results, mercury and iodide of potassium, the old standbys, continuing to do the work well. If the potash be badly borne, calcium in the same sized doses is recommended in its stead.

Sclerosis of the brain, with its well-marked and constant tremor, is almost hopelessly fatal, yet certain lines of treatment have at times accomplished something. The same is true of cerebral atrophy and hypertrophy, and we, as physicians, ought to be able to recognize these conditions.

Epilepsy has so long baffled the skill of medical men, remedies innumerable having so often proved valueless, and all recommended measures having frequently caused disappointment, that I am afraid, in some quarters, there has grown too strong a tendency to look upon these unfortunate patients as hopelessly afflicted.

But many cases of epilepsy can be markedly improved, and

not a few permanently cured by patient and persistent care, examining carefully for any cause of reflex irritation—some visual defect frequently causes such irritation—determining if there exists any traumatic condition to account for the symptoms, and finally, watching for any local organic changes in the brain or meninges, using our knowledge of cerebral localization to locate such changes, and correcting all these, if possible, or administering such drugs as may prove the most beneficial. The bromides still hold the first place.

Trephining, properly done, under antiseptic precautions, is not a dangerous operation, and every physician ought to keep himself prepared and be competent to relieve a traumatic pressure of the brain with the trephine.

A case in point, illustrating the benignity of the operation, occurred in the practice of a colleague of mine some months since, in which I had the pleasure of assisting. The operation was done for the relief of a depressed fragment of the skull, from a pistol shot, causing epilepsy, in which the relief was complete. The patient got out of bed, against his physician's advice, of course (but it afterwards proved without any very serious consequences), on the morning following the operation of the afternoon before and rode in the cars to his home, a distance of fifty miles. I cannot imagine a way in which the physician could win the gratitude of his patient more surely than by relieving him of the humiliating symptoms of grand or petit mal. Our State having no institution for the care of these unfortunates, there's the more reason why I appeal to you to give them sympathy and your best efforts for their relief. Whether the new treatment of emasculation will be adopted as a recognized procedure in certain selected cases, I am unable to say. Few sane patients, I imagine, would submit to the operation, no matter how desperate the situation demanding relief.

In conclusion, I wish to contribute my testimony in support of the firm belief in the advisability of using the trephine without delay in every case where the symptoms point to hemorrhage, whether a fracture can be made out or not.

It is sometimes the next thing to an impossibility to diagnose a fracture where there is no depression. We know how

wonderful are some of the recoveries from brain injuries, but is it not a fact that most of these recoveries are in cases where drainage is artificially produced?

I remember distinctly a case occurring in my practice some two years ago. A powerful, muscular man, over six feet tall, was struck over the left side of the forehead with a policeman's club. He sank to the ground, and in a moment, was profoundly unconscious, with marked symptoms of compression. The scalp was turned back, preparatory to using the trephine. There was not a particle of depression and it was impossible to make out any fracture. Venesection was advised and adopted, and trephining temporarily abandoned. The patient died on the following day. The post-mortem showed an extensive fracture of the inner table, and that an enormous blood clot had formed under the seat of the injury. I then and there made up my mind to use the trephine in any future case presenting symptoms of compression, when I could locate the seat of the injury.

Another case which I examined post-mortem, recently, showed a very marked similarity in point of injury to the one above, but the symptoms during life were widely different. The injury was sustained by the patient being thrown against a tree by a powerful pair of runaway horses. There was semi-unconsciousness for a few hours, after which the patient was rational, with fair prospects of recovery until a day or two before his death, some six weeks afterwards. No fracture could be detected during life. The post-mortem showed a most extensive fracture. The whole cortex of the hemisphere on the side of the injury was degenerating and covered with pus. The case is mentioned as showing how guarded we must be in our prognosis after brain injuries, and how few grave symptoms fatal injuries may sometimes induce.

The human brain—that vast storehouse of knowledge, that limitless repository of facts, that unerring classifier of impressions, the contemplation of whose magnitude of power makes us almost tremble at our possible strength—holding worlds, as it were, under a magnifying glass in the palms of our hands. This wondrously complex organ of our anatomy surely deserves the profound study of every physician and scientist.

**DISCUSSION.**

**Dr. Caldwell**—As there will be a case of epilepsy up here at three o'clock I would suggest that the discussion of this paper be postponed until after the presentation of that case. It is very interesting and shows the doctor spent much time and thought on the subject and I have no doubt that the members would like to participate in the discussion. I merely throw out the suggestion that Dr. Hodges' paper be discussed after Dr. Williams presents his case at three o'clock.

Discussion deferred.

## Simple Continued Fever.

P. A. LANCASTER, M. D.

A fever differing from any of the classified fevers of medical authors, and with no constant invariable symptom, except that of continued pyrexia.

This name is objectionable in that it gives no indication of its aetiology or pathology ; but until its cause is better understood, and its pathology further investigated, we must be content with a name which does not mislead, even though it gives no information.

I believe that the materies morbi of this fever is an unclassified germ, entirely different from the germs of typhoid or malarial fever. The only evidence I have to offer in support of this theory is from a clinical standpoint, but I believe the day is not far distant when the microscopist and bacteriologist will sustain this view. It has been my observation that this fever has been more prevalent in spring and early summer, before the advent of the rainy season, and that it occurs more frequently where the surroundings are unsanitary, than where thorough sanitation prevails. I have seen cases which, to my mind, were attributable to neglected privy vaults to the proximity to well or sleeping apartment, of stable, cow or pig pen. In proof of the fact that it may be caused by impure water, I have known a family in which there had usually been one or more cases of this continued fever every year, begin to use, for drinking purposes, only water which had been thoroughly boiled, and since then there has not been a case of fever, though four years have passed since the exclusive use of boiled water was begun. There has been a very noticeable diminution of cases in Gainesville since the city authorities have provided buckets for receiving the night soil, and have enforced a systematic removal of the same.

The evidence, then, would go to prove that, like typhoid fever, the cause is of animal origin ; but, while its habitat may be the same as that of the typhoid bacilli, its manifestations

are as unlike and as distinctive as are those of variola and varicella, as measles and scarlet fever.

I do not mean to imply that we do not have in this State both typhoid and malarial fevers; indeed, I have had on my visiting list, at one and the same time, cases of typhoid, malarial and simple continued fevers. I have seen typical and fatal cases of typhoid fever in Florida, though, as a rule, even the well-pronounced cases of typhoid fever are less severe, and show a larger percentage of recoveries than in the more northern States. And while Gainesville is comparatively free from malaria, we frequently have patients with the various forms of malarial fever from the adjoining farms of rich hammock lands.

I have never had a case of this "simple continued fever" to terminate fatally, so have had no opportunity to study its pathology. Until physiologists tell us what part of the nervous system presides over the function of heat production, and explain the phenomena of fever, I do not believe that we will discover the pathology of this fever.

Not infrequently the spleen is enlarged and sensitive, and the same may be said of the liver. I have sometimes thought that this may have resulted from a former malarial infection. The symptoms vary as much as do the effects of a rise of temperature upon different individuals. Who of us has not observed the marked difference in the effects of an elevation of temperature upon one individual and another. Especially is this marked in children. A rise of fever from any cause will make one child restless, nervous and talkative; another will be made dull and inclined to sleep; while another will be delirious or perhaps thrown into convulsions. All these manifestations we have seen in different temperaments, resulting from ordinary malarial fever. Just so will the fever under discussion manifest various symptoms. It has, *per se*, but one constant and essential symptom, and that is pyrexia. All the other manifestations are the results of pyrexia and are as varying as are the effects of pyrexia on different individuals.

We must, then, arrive at a diagnosis by a process of exclusion rather than from any positive symptom. We usually find the temperature of the patient from 102 to 104—it may be a degree higher or lower than the extremes mentioned—

with a tendency to run along without much change for two, three, or sometimes four or more weeks. Usually the tongue is more or less furred, but there is nothing pathognomonic about it.

Until the doctor and his medicines become factors in the case, there is usually very little gastric derangement, thus differing from the malarial or bilious remittent fevers. The temperature fluctuates, but with no intermissions as in malarial fevers. Quinine has no effect upon the course of the fever, unless given in large antipyretic doses, in which case it may depress the temperature temporarily, but does more harm than good, causing deafness, headache, etc., and is less efficacious than other antipyretics in use. There is invariably a tendency to constipation, but not more so than is to be expected from the drying up of the secretions from increased heat, together with a supine position and inactivity of the patient. There is no iliac tenderness, no tendency to hemorrhage from bowels or air passages, no sordes upon the teeth and lips, no delirium or subsultus, as in typhoid fever.

I have often known the appetite and digestion to remain fairly good throughout a three weeks' fever, and have known patients to eat fruits and solid food with no bad results. I do not, however, recommend this as a diagnostic point between typhoid and simple continued fever, for it is too much like the directions I once heard given for telling the difference between the poisonous frog stool and the edible mushroom—"Eat them, and if you die, you will know they were frog stools."

The course of this fever is unaffected by quinine, but I have every reason to believe that its duration is often shortened and sometimes an attack is aborted by judicious treatment in the beginning. Its usual duration is from one to six weeks, with an average perhaps of three weeks, though it rarely runs beyond the fourteenth day, where proper treatment is begun the first or second day of the fever. There seems to be good grounds for the popular belief that this fever, as well as other forms of continued fever, is likely to leave on some multiple of the seventh day. I have observed this in a large number of cases, and where there is an apparent exception, I have thought that the patient had fever perhaps for several days

before he became conscious of it. Oftentimes there will be an abrupt termination of fever on the fourteenth or twenty-first day, with no subsequent rise. At other times, the first complete remission will occur on these days, the temperature being normal or sub-normal for one, two or more hours, with a rapidly shortening period of pyrexia each day. The temperature is usually sub-normal for a portion of the day for a few days after the cessation of fever, and unless these periods of depression are guarded against, there is likely to be a reactionary fever following, and recovery thus delayed. Relapses or complications are extremely rare.

In my experience, the termination of this fever is invariably favorable. This would scarcely be true if it were, as some think, a mild form of typhoid fever; for we know that even in the mildest form of typhid fever—the so-called "walking cases"—we not infrequently have relapses or sudden alarming and fatal symptoms develop.

While the patients often become extremely reduced in flesh and strength, their recuperation is rapid and uninterrupted.

Very frequently after this fever, as I have always observed after typhoid fever, the patient will become more robust than for years previously.

The following formula, modified to suit age, should be used in all cases of fever where not contra-indicated:

Calomel, gr. ij.;

Pulv. ipecac, gr. ss.

Soda, bicarb, gr. x—m.

**Sig :** Repeat every two hours, as directed.

I do not, as a rule, favor routine practice, but I have invariably had such good results from the timely administration of this combination, not only in mitigating but in shortening, and I have good reasons to believe, in aborting these fevers, that I venture to recommend it here. Of course, the calomel is the most important ingredient of this prescription. This dose is to be given every two hours until there has been a full and free evacuation of the bowels. This formula can be used with safety and benefit in the beginning of either typhoid or malarial fevers; so we need not wait to make sure of the diag-

nosis before giving it. Even after the first course has been given, these remedies may be repeated from time to time throughout the attack, whenever the secretions need stimulating. After the first one or two courses, however, I usually prefer some other laxative, unless a dry and sticky condition of the tongue and mouth indicates the need of more calomel.

As a means of diagnosis, and also to eliminate any malarial elements which may exist, I usually give quinine the first three days, 15 to 20 grains a day. By that time, any careful diagnostician, if he has secured a correct temperature record, ought to be able to differentiate this from typhoid or malarial fever. The antipyretics seem to do good in a large proportion of cases, lessening nervous irritability and tissue waste. In some cases, however, especially where there is a tendency to too free diaphoresis, I have thought the coal tar derivatives did harm. Sponge bathing with moderately cold water, which has been softened by the addition of ammonia, borax or soda, is often beneficial as well as grateful to the patient; a little cologne water or tincture of benzoin added, make it more pleasant still. An ice cap, or, where the hair is not too long, a cold douche to the head will often relieve headache and lessen fever. Towels, wrung out in ice or cold water, and placed on the abdomen, will often serve a good purpose. Sometimes an injection into the colon of a pint or quart of cold water, will admirably answer the double purpose of reducing temperature and emptying the bowels. After I am thoroughly satisfied as to the diagnosis, I allow my patient much more freedom in diet than is permissible in typhoid fever. However, in all cases of fever, the diet should be of a kind easily digested and assimilated.

I append temperature charts of two cases of this fever :

#### DISCUSSION.

Dr. Caldwell—These charts that I hold in my hand are from the South Florida Railroad Hospital patients, and show four different forms of the disease that we have. Of eleven thousand cases of all troubles that we had at the hospital, we have had only forty-five typhoid fever cases. These charts show the remittent, intermittent, simple continued and typhoid

fevers. You can compare the charts and see the different forms of fever. I want to take issue with the doctor as to his statement concerning the bearing of sanitation to this disease. He says that he believes that since the introduction of buckets, for the removal of night soil in Gainesville, this fever has disappeared, or that they have had less fever. This fact shows that the majority of the cases he has had were typhoid fever. Apart from the germs that propagate this trouble there is a germ that lives and has its being in the water-closets and refuse and vegetable deposits, and the removal of this matter removes the hot bed of the germs of this disease. I will cite examples of some cases we have had. I have not written a paper on the subject, but will say that these forty-five cases represent parties from as far north as Palatka, as far south as Punta Gorda, from Tampa and Pemberton Ferry in the west, to the Indian River country as far south as Rockledge. We have had these cases from all over that section of country, so that it is not a local trouble, but you have a fair representation of the character of this fever as it exists in a wide extent of country, from Palatka south on the Peninsula. We see these men usually in the second week of the disease. As you will observe by those charts the cases are usually four or five days old before they are admitted into the hospital. My plan in the diagnosis is, that, if I go to see a patient on the first or second day of the disease, and find the temperature 104 F. I eliminate typhoid fever from my diagnosis entirely. You are not going to have typhoid fever; that is, if you see him in the inception of the fever. You will notice on the doctor's clinical charts that the temperature is taken at irregular intervals and long periods of time. Our charts show that the temperature is taken between six and eight P. M. There you get the accurate temperature for the twenty-four hours. For you will notice that your patient has the lowest temperature between six and eight A. M., and the temperature will reach its height from seven to twelve P. M. You cannot take the temperature in the middle of the afternoon for the twenty-four hours. That has been my observation in the cases I have had. Now, these patients present themselves in different ways from my standpoint. You will have a patient coming in with listless

face, and when you go in and chat with him a while he will brighten up and talk and laugh with you in a very pleasant way, but the attendants will tell you, in your absence, he is depressed. This is one of the minor cases. Now, when you have a case of deep calm, that the physician's presence does not rouse sufficiently to enjoy a little chat, ninety-nine cases out of a hundred you are going to have a long and protracted case. I can always tell my patients about the time they are going to recover—I mean my hospital patients—by their facial expression alone. We find in this class of cases epistaxis eruption, tenderness over the region of the liver, and very rarely nausea and diarrhoea. It is where we have diarrhoea, that the dose of calomel, as he prescribes it, will produce purgation, and a dose of oil would act excessively. There must be some irritation in the alimentary canal which causes this trouble. About nine years ago we had a case of a negro in a livery stable. I think he was improperly cared for. During the fourth week he died. We found typical lesions of typhoid fever. Now, in regard to the irritation, most of you have read an article by Dr. Wall, of Tampa. I have myself, seen numbers of cases with this irritation, and I think the reason why we see this irritation is due to one fact alone and that is the irritation is very largely due to the amount of heat in a certain portion of the body. Now, if you will examine closely the backs of your patients next to the bed, you will very frequently find this irritation, and if you will examine the inside of the thighs of these patients, you will find the same irritation, and if you will put a mustard plaster or bran poultice on the chest near the abdominal line you will find that it will bring out the irritation. You can count from twenty-five to fifty of these spots in the second week of the disease. You will also find that you have those little sweat drops in little globules that you find on the body, but they do not appear on the face. These can be found in many cases, not in all. Now, these cases have hemorrhages from the bowels. You will notice on some of these charts, under the head of remarks, where they had hemorrhages, repeated hemorrhages. I remember reading a paper of Dr. Sollace Mitchell's, in which

he announced that in the third week he often found albuminuria; and, if I remember correctly, he prognosed the disease by the amount of albuminuria present. Am I correct, Dr. Mitchell?

Dr. Mitchell—Yes sir. The presence or absence of albumen is of great value in making a prognosis in typhoid fever.

Dr. Caldwell—Since the first of January, there was a case brought in in the third week of the disease, from Longwood, Fla., and we gave him admission to the hospital, where he lived about five days. After he got in he began to have hemorrhages and died from exhaustion. The tongue is comparatively clean; in the incipiency of the attack you may find a dark, brownish looking tongue. We learn that the first dose is calomel, and then I follow with quinine, and when I say give it, I give it. I give five grains of quinine every hour as a rule, after the remission. I begin at twelve o'clock midnight, and give five grains every hour until the constitutional effects are obtained and the fever is at the ebb, then, if there is any breaking up of that fever, the length of remission will materially increase. I go ahead with the quinine and give it every four or five hours, and keep them under the influence of it for forty-eight or seventy-two hours, the temperature ranging from 103 and 104 and 106 F. The temperature is high in the evening, with more or less remission in the morning, and then a gradual decline to normal. That is the great point in this fever. I will say, in regard to temperature charts, that we have stuck up in the hospital a typical chart of typhoid fever, and if you will compare the charts with the actual clinical records, you will see that there is no comparison, except in a general way. Examine your patients and treat them by the books, and you will get left; you cannot diagnose a case by them. About the second week of the trouble I give phenacetine and probably a grain of quinine. This is rather a longer talk than I intended, but I say that you can diagnose typhoid fever during the first week of the disease just as easily as measles or any other disease. I brought these charts here merely to show the actual difference in the run of temperature between the different diseases. Usually, our diagnosis is made in the first forty-eight hours. These charts are not picked out.

I told my hospital physician to send me some and he sent these down to me. There is the intermittent type going up in twenty-four hours to 104 degrees and dropping to normal next morning. You will find a fever that lasts from seven to ten days. You will find, sir, a fever that lasts twenty-one days, which I call simply "continued fever," and in which there is an uninterrupted recovery after the use of quinine, and therefore I say it is not a malarial trouble. There is some enlargement of the spleen, some tenderness and enlargement of the liver in this fever, but never in my observation, in a typhoid fever case.

Dr. Webb—I do not very clearly understand his reasons then for stating that Dr. Lancaster's cases were typhoid fever.

Dr. Caldwell—I did not intend to make such a statement, but this, that there never has been a case of fever in my county (I believe I can prove it from statistics) that has lasted over twenty-one days (unless there was some unknown cause for it) that was not typhoid fever.

Dr. Lancaster—I think that Dr. Caldwell agreed with me that there is this third fever, but in his criticisms of my temperature charts, and in his statement of how the temperature was taken and recorded on his charts, I do not see that he got the elevation of temperature; I cannot see how his charts are a true record. He takes it for granted, too, that the typhoid fever germ is the only one that revels in filth. Some of these charts of his are evidently typhoid fever cases. I have never seen deaths result from the simple continued fever.

Dr. Caldwell—I would like to make one correction, and that is, that I did not say that this fecal matter and water and marsh did not contain other germs besides the specific germ of typhoid fever, but what I did say, was, that the removal of excreta, the purification of well water by boiling, or the abolishment of surface wells does away with these hot-beds for the propagation of the typhoid germs and some others, but he continues to have malarial fever in spite of it. Gainesville is just as chuck full of malaria as any other place may be, no more so, but it has got it as well as other places all over the State. I have had these patients from the different portions.

Dr. Baldwin—Excuse me for rising. I have not been in

practice for eighteen years now, but the subject involved has had my attention for a considerable time. The remark was made just now that the State was full of malaria. Some fifteen years ago, or more, the subject of interior drainage of Florida was brought up, and I wrote an article on the subject, stating that, so far as the southern portion of the State was concerned, immediate measures ought to be taken for the purpose of reclaiming the lands, so as to have them in a condition for immigrants to occupy, for the reason that in the condition in which they were at that time the lands there were sure to produce malarial diseases, and I believed that to be a fact. The article was published and attracted the attention of the Philadelphia Disston Company, and it resulted in their making a contract with the State for reclaiming lands down in the southern portion of the State. That work was commenced, and has been going on for ten years, and in all that time there has not been a case of malarial fever in that section ; the germs do not exist there. Contrary to our expectations, it was healthy instead of malarial. I recollect that excavations were made several years ago in Marion county, and when the lands were first opened it was very sickly ; but here is an exception down here near the Everglades, where they have no malarial fever—indeed, they have not had a case of it all this time, so the germs evidently do not exist there. There certainly seem to be certain portions of the State where there is no malaria.

Dr. Caldwell—Fortunately I am able to disabuse your minds as to the Disston lands. One branch of the South Florida Railroad runs into Disston's lands, and I have a surgeon at Kissimmee who sends up more patients with malarial troubles to the hospital than any other person on the road. They come from those sugar lands, and we have had more cases from that section already than any other point on the road. When the Pemberton Ferry branch was opened, we had more cases of malarial fever from that section of the country than we had from the entire road put together ; but since it has been opened, we have had very little from there. During the time they were beginning to open it, there was a

continual stream of patients coming into the South Florida Railroad hospital, as our records will show.

Dr. Baldwin—My authority for my statements was the reports of the Disston Company, and I asked Col. Kreamer recently about the condition of the lands in Florida, and he stated that it was still healthful.

Dr. Oglesby—As to the term "continued fever," I want to say that when I came to Florida I found the continued fevers we have here so different from anything I had seen prior to that time, that I was of the opinion of our Chairman on the section on medicine, that we had a fever that there was no name for, but since that time I have changed my mind about fevers of any duration running over three weeks and that will not respond to malarial treatment. Now, in the fevers that I treat, I usually use calomel and quinine in the begining; rather as a diagnostic point if I use them early in the fever; but if the fever continues long, I have been led to change my belief in reference to what we should call it, and in my way of thought we have only malarial and typhoid fever. I do not know anything about continued fever. I do not believe that there is such a thing, and I will try to tell you what I think of it. I have made up my mind about fevers running variously from three weeks to more than four months, having no particular symptoms of a typical case of fever, as given us in the text books, with the nose bleed not always present, no hemorrhage from the bowels, no particular tympanites. I remember a case which was most lengthy in duration, that I will cite, in which all these symptoms were present. There was no loss of consciousness during the entire time, and there was nothing to mark the case, only that with the exception of two weeks, there was contant fever, and these two weeks were marked by a period of subnormal temperature. Nearly the entire time the temperature would go up to normal once or sometimes twice in the twenty-four hours, and then drop to sub-normal; finally this led to death. The patient died from sheer exhaustion, and the autopsy revealed the fact that there was extensive ulceration in Peyer patches, showing, to my mind, that it was undoubtedly a case of typhoid fever. Another case that I will cite, lasted twenty-one days, but had none of these marks

of typhoid fever on which there is so much stress laid in the text books, and yet at the termination of that time, the gentleman died of uræmic convulsions, and the autopsy showed ulceration of the small intestine. I want to say in relation to this disease that, as our friend Lancaster has said, he believes that the removal of animal refuse has had a great influence in lessening this fever in his city, that fact only proves to my mind that he was dealing with typhoid fever, and that it was due in a great measure to this animal refuse of which he is now getting rid, and consequently having less of this trouble to deal with. I do not think that there is such a thing as "continued" fever.

Dr. Webb—It seems to me that we have missed a strong argument that Dr. Lancaster uses in favor of this continued fever, and that is this, that the fever continuing day after day, and week after week, the result in all cases is recovery. We all know that typhoid fever, no matter how light the case may be, at best, results in a prolonged convalescence. It is the result of the typhoid fever germs, which you do not get in the doctor's cases, as is proved by the rapid and complete recovery and absence of all that goes to make up typhoid fever, but the doctor's strong argument in favor of this continued fever is its recovery in all cases, and it seems to me a strong one.

Dr. Stringer—I want to say a word about this fever. It is my opinion that the reason we do not encounter such very violent types of typhoid fever now as formerly, and which are called the typical types, is that we have learned how to treat them more successfully. But in this connection, my friend, Dr. Caldwell, made one assertion that I must take exception to, because I do not think the experience of the profession will bear it out, to-wit: That the State is full of malaria. I will appeal to the experience of every practitioner in this house, whose experience dates so far back, if there has not been a very appreciable decadence of fevers in the last ten or fifteen years. Thirty years ago, Florida had a reputation as being a very sickly country, and even yet you see people coming down here with a pocket phial of quinine pills. I live in one of the counties that was formerly considered a very sickly section,

and no doubt a great many fevers prevailed there during antebellum times. I saw an article, I believe it was in one of the papers of this city, on the effect of the orange groves on the health of the State, but what effect the orange trees can possibly have on malaria I cannot see. However, we know that the first settlers of this country used, to a very great extent, sour orange juice and black coffee as a remedy for malarial fever. Orange leaf tea is a very good thing, I suppose. My opinion is that this decadence of malarial diseases, which is patent to everybody acquainted with the subject, is that the fevers in this State have materially decreased during later years, unless it is in localities like Sanford and Kissimmee where the cultivation of large areas of rich land still propagates the trouble. I appeal to Dr. Caldwell, and I think he will admit that in all sections where new earth is thrown up, you will find these low fevers; but ever since the abolition of slavery we have had no large plantations, especially in this State where labor is so high we cannot afford to cultivate land, and it is on that account there is so little of this disease in the State. It is true, where you dig a ditch or build a new railroad or grade your streets, you may look for it. Therefore, I take exception to the assertion that our State is full of malaria. It may be, but if it is, it is pretty deep in the ground, and until it is stirred up we do not have very much of the disease. I think that the absence of malarial trouble is due to the absence of large cultivated areas of land in this State.

Dr. Dean—I have lived in what has been considered one of the most sickly towns in Florida, and have had this thing myself. The fever lasted fifty-two days. For nine days I continued in active practice, taking a little medicine. I took quinine, but with no effect. After the ninth day I called in a physician and he gave me a dose of calomel and fifteen grains of quinine, then he quit the use of quinine and used no more until the twenty-first day. My tongue was coated from first to last. On the twenty-first day the doctor gave me fifty grains of quinine again, and still the temperature was almost as high as if I had taken no quinine. I continued to lose strength, and on the fortieth day they sent me to Ozona. I had fallen off from 140 to 106 pounds before I went down

there. I never had any tenderness here (indicating)—some little stomach indigestion, but never any bowel trouble whatever all that time. Down there I commenced to get stronger, and had an almost uncontrollable appetite. My temperature would still go up at about nine or ten in the morning. I gained ten pounds, still having fever. From first to last the fever never left me, except when I reduced it with phenacetine. All that time I had no bowel trouble whatever. I do not believe that that was typhoid fever. I believe it was a distinct fever, and that it is not produced by the same cause. In Leesburg we have had a great deal of fever running from three to eight weeks.

Dr. Caldwell—I would like to state, sir, that the malarial trouble has very considerably diminished in the Pemberton Ferry district since the railroad there has been completed.

Dr. McKinstry—I believe that the fever in question is typhoid. I think that the clinical history given by Dr. Lancaster makes a clear picture of a case of typhoid, as we see it in the warm climates where there is not so close an adherence to all the typical marks. I have seen a great many of these fevers, and I have diagnosed and treated them as typhoid fever; still they certainly do not present all the phenomena.

Dr. Lancaster—Have you had any deaths from them?

Dr. McKinstry—I have regarded them as cases of typhoid fever, and have had deaths from typhoid fever where there was no aggregation of prominent phenomena. I have regarded that as typhoid fever, but I know that deaths do occur from typhoid fever of this type. There seems to be a reluctance on the part of some physicians to diagnose typhoid fever, unless they can get an aggregation of all the prominent phenomena they look about for some other name to call it. I have treated a large number of cases, and my rule is, to regard it as typhoid fever until I can prove the diagnosis something else.

Dr. Lancaster—Typhoid fever is a very serious matter and causes more or less alarm, so, if this is not typhoid fever, I am not willing to alarm the family. That is my reluctance to calling it typhoid fever.

Dr. Bacon—I would like to ask if any examination was

made of the blood to see if there was any evidence of malaria in the blood—microscopical examination I mean? It is so generally characterized by changes in the blood that it gives us an opportunity of using the microscope, and thus eliminating that from our diagnosis. I think we should all be a little more careful in typhoid fever.

Dr. Lancaster—There has not been reported, so far as I know, a case of microscopic examination. Few of the members of our society use the microscope, but the known effect of quinine is well understood.

### Case No. I.

Diagnosis Simple Continued Fever. Name, W. H. Male. Age, 9 years. Residence, Arredondo, Fla. First call April 25, 1892. Diet, sweet butter milk, stale bread, soft toast, broths or soups, soft boiled eggs. Treatment, calomel, ipecac and soda, 16 grains quinine daily for three days, antifebrin, later nitro muriatic acid. Result, Recovery.

| Day of Disease. | Morning.              | Evening.             |
|-----------------|-----------------------|----------------------|
| 4               |                       | 103                  |
| 5               | 101 $\frac{1}{2}$     | 104                  |
| 6               | 100-103 $\frac{1}{2}$ | 99 $\frac{1}{2}$     |
| 7               | 99 $\frac{1}{2}$ -103 | 99                   |
| 8               |                       | 102                  |
| 9               | 100                   | 103                  |
| 10              | 100 $\frac{1}{2}$     | 103-101              |
| 11              | 101                   | 103-99 $\frac{1}{2}$ |
| 12              | 99 $\frac{1}{2}$      | 101-99 $\frac{1}{2}$ |
| 13              |                       | 102                  |
| 14              | 98 $\frac{1}{2}$      | 100                  |
| 15              | 98 $\frac{1}{2}$      | 99 $\frac{1}{2}$     |
| 16              | 98                    | 99-97 $\frac{1}{2}$  |
| 17              | 97 $\frac{1}{2}$      | 99-97 $\frac{1}{2}$  |
| 18              | 99-98                 | 99                   |
| 19              | 98                    | 98 $\frac{1}{2}$     |

Did not see patient until fourth day of fever.

### Case No. II.

Diagnosis Simple Continued Fever. Name, Rev. P. W. C. Age, 35 years. Married. American. Date of Admission, February, 1888. Result, recovery.

| Day of Disease. | Morning.    | Evening.     |
|-----------------|-------------|--------------|
| 4.              | 102         | 104-103½     |
| 5.              | 102-104-103 | 104          |
| 6.              | 102         | 104          |
| 7.              | 102         | 104-103½-104 |
| 8.              | 102         | 103-103½     |
| 9.              | 102-104     | 102-103      |
| 10.             | 102         | 104-101-104  |
| 11.             | 100         | 105          |
| 12.             | 102         | 104½-101     |
| 13.             | 101-104     | 102½-104     |
| 14.             | 102         | 104-101      |
| 15.             |             | 104          |
| 16.             | 101         | 104          |
| 17.             | 101-102½    | 101-104      |
| 18.             | 102         | 103½         |
| 19.             | 101         | 103-101      |
| 20.             | 101-102-100 | 100-102      |
| 21.             | 99          | 102          |
| 22.             | 101         | 102½         |
| 23.             | 100-101     | 100-102½     |
| 24.             | 101-102-99½ | 103          |
| 25.             | 99          | 102½         |
| 26.             | 99½         | 102          |
| 27.             | 101-102     | 101-102      |
| 28.             | 101         | 103½         |
| 29.             | 100         | 103          |
| 30.             | 99          | 101½         |
| 31.             | 100         | 101-100      |
| 32.             | 100-101     | 101          |
| 33.             | 100         | 101          |
| 34.             | 101-100     | 101-100      |
| 35.             | 101-98½     | 99½          |
| 36.             | 98½         | 102          |
| 37.             | 99          | 103          |
| 38.             | 99          | 102          |
| 39.             | 100         | 101          |
| 40.             | 99          | 101          |
| 41.             | 99          | 101          |
| 42.             | 98½         | 100          |
| 43.             | 97          | 100-97       |
| 44.             | 99          | 98-97½       |
| 45.             | 98          | 98           |

Did not see patient until fourth day of fever.

## Large Doses of Iodide of Potash in Tertiary Syphilis.

BY R. P. IZLAR, M. D.

*Gentlemen of the Florida Medical Association:*

I hope that this meeting, in the beautiful city of Jacksonville, may draw inspiration from the progressive history of our State, making a new era in the prosperity of our body, and that it may be another step in the advancement of medical and surgical knowledge.

A physician or surgeon, though well informed and fully appreciating the practical importance of rare cases of disease or injury, often fails to recognize the importance of attending to those details in the incipiency of the case and during the progress of recovery, which sometimes throw so much light upon the unknown and disputed facts in anatomy and physiology, simply from lack of familiarity in dealing with them from anatomical and physiological standpoints.

With these few remarks, permit me to invite your attention to the necessity of giving large doses of iodide of potash in tertiary syphilis, and the mode and manner of administration, with report of case.

The irritating effects of iodide of potash upon the mucous membrane of the stomach, and the difficulty of administration, especially in large doses, in many cases in which it is necessary to bring the system rapidly under the influence, are well known and have been the occasion of numerous efforts to correct the disadvantages.

The ends to be gained in giving the iodide of potash are three (3) viz :

First. Thoroughness and rapidity of assimilation.

Second. Administering it in such a manner as to render it unirritating.

Third. Sustaining the patient's nutrition during the administration.

To meet the requirements it has been suggested that the dose in twenty-four hours be subdivided into a number of small

doses, to be given six, eight or even twelve times daily, instead of the usual triple dose. In order to aid its assimilation, it has been given in solution with wine of pepsin, as a menstruum, and to render it unirritating, as well as to secure the patient a certain amount of nutriment, the excellent device of giving it in milk has been practiced. This method has marked a distinct advance in the use of the iodide of potash and has proved to be exceedingly valuable, disguising to some extent the taste of the iodide, causing it to be less irritating and affording with each dose a small but desirable amount of food.

I have had opportunities of studying a few cases of tertiary syphilis, and have experimented with various methods for the purpose of overcoming the following difficulties, viz : Pain, difficulty in swallowing, gastric irritation, faulty assimilation, etc. I have found that all the desired indications may be most satisfactorily met by an exceedingly simple device, that is by giving the iodide in warm milk, with wine of pepsin added. While this method may not be necessary in many simple cases, there are, nevertheless, a very considerable number in which it may be employed with advantage, and it will meet the requirements better than any other now in use.

I will now proceed to give you the history of a case that came under my notice May 4th, 1892.

Miss H., white female, aged 24, native of Georgia.

When first seen, was found to be suffering from excessive emesis and intense cephalalgia ; pulse ninety-eight per minute, weak and compressible ; temperature 99.4° F.; bowels regular ; urine thick, red, with brick-dust deposit. No food or medicine could or would remain on stomach. She gave a history of chronic alcoholism and primary chancre of two years previous, had been treated about five months for constitutional trouble, but with no improvement. I prescribed for nausea and vomiting every drug that had ever been suggested for such, but without avail. Gave nourishment per rectum, also chloral and bromide of potash to quiet, and morphia hypodermatically to relieve cephalgia, but with negative results. I then commenced constitutional treatment, by giving one drop of a sat. sol. of kalii. iod., every hour in warm milk with

two teaspoons of wine of pepsin added, to increase one drop at each dose. This acted well, diminishing cephalalgia and nausea.

May 7th. Patient looked haggard and eyes appeared crossed (diplopia). This state of affairs seemed to me to be due to a node or gummy tumor in cranial cavity. For six days I increased the iodide, the squint seemed to increase and patient became a lunatic from the intense cephalalgia, and was partially paralyzed on left side, both upper and lower extremities being deprived of motion; sensation normal.

May 13th. Patient about the same; twenty grains of iodide being given every two hours.

May 22nd. Patient taking forty grains of iodide every three hours per mouth, and seventy-five grains per rectum every four hours. Her condition at this date was much improved; cephalalgia had almost disappeared; the left side of body had recovered motor power, &c.

May 30th. Patient taking fifty grains of iodide every three hours per mouth, and seventy-five grains per rectum every four hours; both in warm milk and wine of pepsin. She steadily improved from this date. The large doses of iodide being continued until June 6th. At this date the patient is able to be around the house, and is gaining wonderfully. I discontinued the iodide in such large doses, and gave five grains every three hours, also elix. phos. ferri, quinia et strychnia.

June 25th. Patient discharged apparently cured. At no time during the administration of the iodide did it disagree with patient in any way.

Now, therefore, with this case before you, do not fear to give the iodide of potash in large doses, when such are indicated.

With the hope that this will aid some brother in the treatment of some difficult case.

#### DISCUSSION.

Dr. DuBois—Does syphilis produce a tolerance of iodide of potash?

Dr. Williams—Mr. President and Gentlemen: I have had a number of cases of syphilis and I am of the opinion

that the disease brings about a great tolerance of iodide of potash.

Dr. Lancaster—I would agree with Dr. Williams although I cannot speak authoritatively.

Dr. DuBois—I asked the question because Professor H. C. Wood of New Jersey published an article stating that it was denied and referring to all the eminent syphilitists of to-day stating that ten out of eleven denied that syphilis produced a tolerance of iodide of potash, much to my surprise.

Dr. Webb—I had a notion, Mr. President, that it was very much accepted.

Dr. DuBois—That was the view I had always taken and I have had some little experience and where they tolerated large doses I made up my mind that there was a taint. Professor H. C. Wood held that opinion but it was denied by such men as Keys. (?)

Dr. Izlar—My paper was to bring about the mode and manner of administration of large doses of iodide of potash in tertiary syphilis or in any other trouble without affecting the stomach, and to show also how large doses could be taken. I wished to bring to your attention the simple device mentioned to give this iodide where there was any difficulty in swallowing or in the assimilation. That was the object of the paper, gentlemen.

Dr. Lancaster—I think the Society got the drift of the paper.

Dr. DuBois—I am very sure that I shall remember it.

Paper referred to Committee on Publication.

## Injuries of the Hand and Palmar Abscess.

BY R. L. HARRIS, M. D.

In choosing a subject to write a paper on, I have selected the above for two reasons: the large number that I have treated in the last few years, and the frequency with which every physician is called on to treat these cases.

Owing to the multiple uses and exposures of the hand, it is probably the recipient of as many, or more injuries than all the rest of the anatomy combined. Anticipating this, nature has endowed the hand with remarkable strength and delicacy, combined with wonderful power to withstand shocks, jars, exposures, and repair injuries.

Here are some twenty-seven small bones, with a combination of articulations well contrived to combine mobility and solidity. Here also are the insertion of thirty-six muscles, all nourished by a rich nerve supply, and the intimate inosculation of the branches of the three considerable sized arterial trunks, all combined to confer on the hand its wonderful power to resist injuries and repair mutilation.

It has been a noticeable fact, that when a hand was lacerated, as well as bruised, that it gives less trouble and pain than when the same amount of contusion existed without laceration. I have often seen comparatively insignificant bruises cause deep seated abscess or diffuse cellular inflammation, followed by a tedious, painful recovery, and occasionally permanent injury to the member. On the other hand, severe contusions, when accompanied by considerable laceration, have rarely caused excessive pain, and usually make a rapid recovery.

In the spring of 1890, a young negro man, strong and vigorous, came to me for some liniment for his hand, which had been caught three days before between a large rope and capstan. The hand was uniformly swollen, no injury to bones, and the pain confined to no particular point. Gave him a

good dose of salts, directed that he keep the hand elevated and wrapped in a cloth, wet with Extract of Witch Hazel.

For several days there was no material change, then pain and swelling rapidly increased, back of the hand and fingers became enormously swollen, tongue coated, feverish and no appetite. Made an incision through palm of hand down to metacarpal bone of third finger; found no pus, made a similar incision on back of hand with same result. Three days afterwards a small quantity of pus was escaping from each of the cuts, and the hand no better. Gave an anesthetic, opened up former incisions, incised over metacarpal bone of little finger and ball of thumb, introduced drainage tubes in each of the openings, washed out thoroughly, and dressed antiseptically. Improvement was immediate.

I discharged this patient after one month's tedious and painful treatment, with a hand well, but too stiff for any use. Gave him a supply of lanoline and directed that he grease it well and often, rub it a great deal, and use forced flexion and extension. Three months afterwards he had regained entire use of the member.

In the fall of 1891, P. C. W., age thirty-eight, presented a hand injured in about the same manner, with a rope. It had been done about one week, and the swelling was increased and becoming quite painful. I advised one or more deep incisions, he refused. I declined to have anything to do with it, unless he would submit to the lance. About ten days afterwards he staggered into the office, an object of pity. He said he had suffered the tortures of the damned, and his looks did not belie his statement. His first words were "Doctor do what you damn please to it."

Assisted by my colleague, Dr. Brannon, I anesthetised him and incised the hand freely at several points, introduced drainage tubes, dressed and treated in the usual manner. Recovery was tedious, and it was months before he regained perfect use of the hand.

I cite the above two cases to show the amount of time and suffering that could have been saved by the timely use of the knife. I have treated quite a number of severe contusions of the hand on the expectant plan; all suffered much pain, and

recovered slowly. A large percentage eventuating in abscess that had to be lanced.

Noting that neither deep seated abcess nor diffuse cellular inflammation existed, and observing the rapidity with which an incised wound of the palm heals, leads me to believe that we should promptly incise all cases of injury to the deep structures of the hand, if pain and swelling does not promptly subside under the usual mode of treatment.

To delay the incising of a hand from day to day, trusting that the inflammation will subside without the formation of pus, is to subject our patient to days of torture, and endanger the usefulness of the limb.

It is to be regretted that some physicians still pursue the expectant plan, in the treatment of abcess of the hand and fingers. Others are misled by the swelling that frequently occurs on back of hand, when pus forms under the palmar fascia. A palmar abcess may force its way through the interosseous space, and enormously distend the back of hand, while the palmar aspect of the hand may improve in appearance, and give less pain than before the pus burrowed through.

I once saw a case that had been discharging pus from an opening in back of hand for weeks, notwithstanding the fact that a solution of bichlo' mercury had been assiduously pumped into the wound daily. An opening through the palmar fascia, and drainage tube soon relieved the trouble.

In neglected cases of palmar abcess, we should not be contented with tapping the pus from back of hand, but cut deep and freely into the palm, (not forgetting the lines of safety). The only rule as to when we have made sufficient openings, and provided enough drainage, is the immediate relief of pain and reduction of swelling.

I consider the opening of a palmar abscess an operation of sufficient importance to justify the use of an anesthetic. I have seldom been able to do a hand satisfactorily without it. The extreme resistance of the parts, fear of the palmar arch not being where it should be, and acute sensitiveness peculiar to the hand, all combine to make the operation unsatisfactory. With an anesthetic the difficulties are all removed. The

palmar fascia can be opened on a grooved director without endangering the palmar arch, cavity curetted, counter openings made, and drainage tubes introduced, which are all frequently necessary to insure a good result.

The surgeon who does his duty in these cases, is avoided by many patients. How often have you had patients forced to you by pain, say "I should have come to you sooner, but I knew you would use the knife. I went to Dr. Go-easy who poulticed and painted it, but I can't stand the pain any longer." Another class will not consent to the use of the lance. I always state plainly the necessity for so doing, and if they still refuse, I decline to have anything to do with the case.

Now a few words as to the best mode of opening an abscess: I prefer a curved bistoury, held as you would hold a pencil, introduced at an angle of about forty-five degrees, to the depth you wish to go, cutting upwards and outwards. The insignificant looks of the knife reassure the patient, and you can open an abscess in a neater, quicker manner and with more accuracy and less pain than with the old thumb lance or the broad, straight bistoury.

## Some Clinical Notes on Penetrating Gun-Shot Wounds of the Head—Recovery.

BY R. L. HARRIS, M. D.

[This paper was received by the Secretary several days after the adjournment of the meeting and was referred to the Publication Committee at the suggestion of the President.]

R. B., age 22, white, native of Georgia. First seen June 17, 1892, at 11:30 A. M. Was shot about 10 A. M. in the back of the head with a load of mixed shot from a double-barrelled shot-gun at a distance of a few paces.

The scalp was much swollen at each point where a shot had entered. The symptoms were those of compression and concussion, as to which predominated you may determine. Patient was little more than semi-conscious, and rapidly growing worse; pulse rather slow, full and regular; no loss of motion; pupils normal; respirations quiet and regular; vomiting frequent. Occasionally he would sigh and express a sense of impending dissolution.

Washed and shaved scalp. Found nine shot had entered the back and top of the head, three or more had glanced off, cutting grooves in the scalp. On probing, found that one shot had entered the skull about one and one-half inches above and one-half inch to the left of the occipital protuberance—from size of wound in scalp, evidently a large-sized buck-shot. Made an exploratory incision, introduced little finger and found clean-cut, circular hole almost large enough to introduce tip of finger.

Determining that shot had penetrated the brain, and noting that patient was rapidly passing into profound coma, pulse growing slower, respiration labored, and the surface cold, decided to operate at once. On laying back an elliptical flap of the scalp, found that the ball had entered the brain substance direct. Applied trephine and removed a plug of the cranium. Immediately afterwards an effort of the patient to vomit forced out through the aperture in the dura-mater sev-

eral clots, a small flake of lead and some brain substance. Various sized spiculae of bone and some blood clots were removed from between the skull and dura-mater.

Could trace ball only about one and one-half inches with rubber catheter. Tried to locate it with Neleton's bullet probe, also made a little careful search with a silver probe. Abandoning all hopes of finding the ball, closed the wound, introduced drainage tubes and dressed in the usual manner; gave one-half teaspoonful ergot and four of brandy. One hour afterwards patient rational and asked for water. Pulse 65, respiration normal.

8:30 P. M.—Had slept two hours; pulse 72; respiration 22; temperature 100 F. in axilla; resting well except slight headache; vision much impaired—could hardly tell there was a light in the room. June 18th, 1:20 A. M.—complained of splitting headache; pulse 72; respiration 20; skin moist; extremities warm; no impairment of sensory or motor functions. Gave hypodermic of morphia and atropia.

8:30 A. M.—Entirely rational; but little pain; could see attendant, but unable to distinguish identity; pulse 60, full and strong; temperature 99 2-5; respiration 18; complained of nausea; had vomited once; was allowed two teaspoonsfuls ice water when he wanted it.

7:30 P. M.—Temperature 98 1/2; pulse 64; respiration 20; fairly comfortable.

Patient was seen every six hours for the next few days. Temperature never exceeded 99, and sense of vision gradually improved until normal. Could we but trace this bullet from its entrance to its secret resting place, and note the injury along its path, it would be of practical interest to the physiologist; but, as it has only left us the knowledge that it has entered the cuneate lobe, and ranged a little downward and inward, it is more interesting from a surgical standpoint.

Upon entering the cranium we were met by the bane of cerebral surgery—a dura-mater so torn and injured that it was irreparable. To approximate the edges was out of the question, and the prognosis of cerebral hernia stared us in the face. Why has it never occurred? I saw our patient last month.

**He said that for two or three months after the injury he had severe headaches; otherwise it had given him no trouble.**

**Above notes are given, as kept and arranged by my colleague, Dr. C. Brannon, who assisted me at the operation and had charge of the patient afterwards.**

**Oakland Fla., March 15, 1893.**

## Case of Epileptiform Seizure.

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BY DR. N. A. WILLIAMS.

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*Mr. President and Gentlemen:*

My patient, Mr. Wilson, is before you. He is about twenty-three years of age and has been suffering with epileptiform seizures of the graver type since last August. Mr. Wilson had his first seizure some time in August last, during the night. He had been attacked with a very high fever, and during the midst of this he was taken with the first seizure—of course, the usual disturbance connected with it attracted the attention of the family; they went at once to his bedside and found him with a very high fever, as was expressed by his mother, “burning to her hand;” since which time Mr. Wilson has had these seizures in the day and at night: Perhaps he would have one to-day and maybe it would be three, four or five days, or a week, sometimes ten days would elapse between the seizures. During most of this time I think he was under the treatment of physicians. After his first attack he was under the treatment of Leesburg physicians, I think that one of these was Dr. Green; later under that of Dr. Rosenburg, of M ascotte. Finally, I took his case, about the first part of last month. My treatment has been as follows :

Tinct Asafætidæ, oz's 5 $\frac{1}{2}$

Syr. Simplicis, oz's 1.

Liq. Potassii Arsenitis.

Tinct. Aconiti, a. a. drs. 2.

M. and Sig.: A teaspoonful a half hour before meals.

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Aquæ Puræ oz's 20.

Potassii Bromidi oz's 1 $\frac{1}{2}$ .

Spts. Aetheris Nitrosi, oz. 1.

M. and Sig.: A tablespoonful after each meal.

In addition to the foregoing treatment, I will have to state, and perhaps it will reflect upon the antiquity of such treatment, that I placed a Seton on his neck. I did this to prevent

his sleeping so soundly and hoped that it would have something to do with breaking the seizures. He has eaten, so he states, very freely. The medicine gave out last week, and he had a seizure or perhaps two or three. "Am I correct Mr. Wilson?"

"Yes, sir."

My patient is before you for interrogating. He is the son of a Baptist minister, a prominent man in Lake County.

**Dr. Hodges**—How many grains of bromide of potash do you give at a dose?

**Dr. Williams**—Eight to ten grains three times a day.

**Dr. Hodges**—There is very little information to be gained from a case coming on in that way with no appreciable cause, as so many cases do. The bromide of potash is a standby. Large doses often diminish the frequency of the attacks. The patient has done so well under Dr. Williams' treatment that I have nothing to suggest; of course, some other member may. It strikes me you have had remarkable success with the treatment.

**Dr. ———**—Have you tried large doses of bromide of potash, as much as thirty-grain doses?

**Dr. Williams**—No, sir.

**Dr. Caldwell**—I had a somewhat similar case several years ago. The fellow had these seizures every little while and every time he had one he would dislocate his shoulder. I had heard of Hammond's experience so I told him, "I say, Ned, the next time I am going to bore a hole through your skull." He said all right, he would rather be dead than have these attacks. The next time I trephined his skull, and it was three months before he had another seizure; then I trephined the other side, and he has not had one since.

**Dr. Stringer**—How long is it since you trephined him the last time?

**Dr. Caldwell**—About a year I think.

**Dr. Webb**—I had a boy in St. Augustine. He was about twelve years old when he had the first attack. It went on for two years before he had any more, then I put him on

thirty grains of bromide. It is now more than three years since he has had an attack.

Dr. DuBois—I had a case in Volusia County having about two attacks a month. I gave him thirty grains of bromide and a good sized piece of magnesia. He had been having these attacks for the last six years.

Dr. Williams—How long did you pursue the bromide of potassium treatment?

Dr. DuBois—I kept it up for two years.

Dr. Williams—Every day?

Dr. DuBois—Tried to keep it up every day; occasionally he would miss a day.

Dr. Williams—Gentlemen, I hope you will be perfectly free to question my patient; the case is one of much importance.

Dr. DuBois—I would like to ask one question. Before these seizures does he suffer with constipation?

Dr. Williams—He generally suffers with constipation.

Dr.—Doctor, is your patient a married man?

Dr. Williams—No, sir; but of good habits.

Dr.—No hereditary taints?

Dr. Williams—No, sir.

Dr.—Masturbate?

Dr. Williams—I think not, sir.

Dr. Cadwell—I hope some of these gentlemen will discuss Dr. Hodges' paper; I am very much interested in it myself. I have nothing of interest to say. I have had a great many head injuries and I always use the trephine, with proper precautions, without any fear as to the results. I suppose I use a trephine on an average of three times a month in hospital work, on cases coming from other sections. I have never yet seen any cause to regret having used it. Sometimes I do not find any depression, but it relieves the internal pressure, and the patient recovers consciousness. Only a very few days ago I had a case of a young man from Auburndale, some eighty miles below Sanford. He was injured on a Saturday; some one hit him on the head with a bludgett, and on Tuesday morning he was brought to me. I removed, I suppose, a coffee-cup full of bone in small pieces. The scalp had not been torn in the least, it was merely a contused wound and

there was but little indication externally of the extent of the fracture. I made a small incision, cut down to the bone and took out an inch and a half by three inches. He had been entirely unconscious from Saturday until Tuesday. I got him Tuesday morning on the train we call fourteen, and operated at once; immediately after the operation he recognized his brother, and he is now well. This is one of quite a number of cases, but I believe it was about as severe a case as I have ever had that recovered in such a short period of time. I think where you suspect a fracture it is good surgery to cut down and take out a button. I had another case with a fellow that was hit on the head with a billiard cue. He walked home but afterwards became unconscious; had an epileptic seizure, recovered, and a few days later had another. They brought him to Sanford, and I cut down but could find no fracture; I cut where he said he had been hit and took out a button. I could not find anything here and so took out another, but never did find anything except a slight discoloration.

Dr. Oglesby—Mr. President, I am sorry I did not hear the paper in question; I was involved in important business this morning and could not be present, but I want to say a word or two about the use of trephine. Following up what Dr. Caldwell has said I will state that I saw a patient last Sunday morning about two o'clock, who had been brained with a club and who was bleeding profusely. He had been injured somewhere about the hour of midnight and they sent him to the hospital and trephined him at once. There was a lesion through which the fracture could be made out very easily. The fracture was extensive with depression. He was totally unconscious. I lifted the depressed portion of the skull, and he immediately regained consciousness and recognized me and his brother and all those about him. I think that there is no operation in surgery that is more justifiable and more necessary than the use of the trephine in injuries of the skull, and I agree in everything that the doctor has said and believe that it is good surgery.

Dr. Caldwell—Dr. Hammond, who was holding post-graduate clinics in New York winter before last, quoted a number of cases in which he trephined for epileptiform seizure,

where there was no history at all connected with it. One boy he showed there had been trephined in sixteen places in the skull before permanent relief was obtained. After the first operation the little fellow was somewhat relieved, the interval between the attacks decreased and he continued the operations until he trephined sixteen times—had perforated that fellow's skull sixteen times! and he became all right. The patient was shown there in the hospital. Now I take all of these statements, sir, from the big bugs, with a grain of salt; for they show only the cases they have success with. If I had not known I was to be bothered with that plaguey shoulder becoming dislocated everytime the fellow I told you about had an attack, I probably would not have trephined him, but I did so with good results. I knew that trephining would not do any harm, but might, perhaps, give him relief. This is the only case I have ever tried it on. I will say, however, that Hammond uses those enormous doses of bromide; he uses bromide very little short of an ounce a day. My case never took any medicine. He was just a roustabout around town.

Dr. Lancaster—I remember reading some months ago of the effect of the imagination in such cases. The writer stated that he made only a slight incision in the scalp, and after sewing it up and telling the patient that he had been operated upon and would certainly improve; the fellow would get well. Any operation that impresses the imagination will help these cases. He claimed to have relieved quite a number in this way, by cutting down slightly, and then sewing up the scalp and informing the patient that he thought the operation would give him relief.

Dr. Hodges—I think such cures possible. A person imagining that he is going to be cured exercises his will power and unconsciously does much towards gaining relief.

Dr. Caldwell—Dr. Drew has made a suggestion here; he says if you will continue your bromide—it has already shown good results—at thirty grains that you will cure your patient. I believe all the members of the Association will agree with him fully. The bromide has acted well and if you will increase the dose you will cure the patient.

Dr. Williamis—I want to thank you gentlemen for your kind treatment of my paper, or rather my report of this case.

## The Therapeutics of Ergot in the Reduction of Uterine Fibroids.

BY C. R. OGLESBY, M. D.

The advances of surgery in the past have been so wonderful, that we are not surprised at any time to learn of some of the most extravagant and daring operations; operations, which once, by the most skilled and learned, would have been considered inadmissible and unjustifiable.

Maury ruined many a theory on the day that he dared to excise two inches of the two brachial cords on the left side, thereby cutting off the entire cerebro-spinal supply to the arm, fore-arm and hand.

The patient who was old, was instantly relieved, although he had suffered for years from innumerable painful neuromas.

His arm lived, and there was no perceptible change beyond an elevation of the temperature.

By that operation was demonstrated—first, that the circulation and nutrition of the body are under the influence directly of the great sympathetic or ganglionic nervous system, and that the cerebro-spinal's influence on them is indirect, at least; and second, we learn the fact that the vaso-motor nerves are entirely from the sympathetic.

Then Brown-Séquard and Claude Bernard both demonstrated the fact that, although cutting the sympathetic was followed by dilatation of the blood vessels, yet that dilatation could be overcome by the use of galvanism.

These demonstrated physiological principles are mentioned so that the action of the remedy we are about to discuss may be more plainly understood.

The agitation of the question of the use of ergot in the reduction of spleens (enlarged) and uterine fibroids induced me to use it for the latter purpose in various cases through more than a dozen years. I give here notes of the following:

Case I. In 1883, a lady twenty-nine years of age, was

brought to me. She had been married in her teens but had never borne any children. She suffered much from menorrhagia. She was found, upon examination, to have what was believed to be a fibroid tumor of the uterus, and as she lived a great distance in the country and was compelled to return to and remain at home, it was impossible to use any preparation of ergot hypodermically, so she was placed on the following:

F. E. Ergotæ, ozs. 3.

Sig: Take 20 drops three times daily.

This treatment she continued regularly, and from time to time reported improvement, and in six months' time returned to me apparently well.

Case II. Mrs. E., aged 49, and mother of three children. Had not menstruated in three years. Applied to me in November, 1888, suffering with a fibroid of the uterus reaching almost to the umbilicus. She suffered great pain in the region of the tumor. Was given, hypodermically every third day, one-half grain of ergotine dissolved in glycerine. Under this treatment the pain soon disappeared and the tumor made rapid reduction until it was almost gone. She left the State and the termination of the case is unknown.

Case III. Mrs. P., aged 52 years, was examined in September, 1890, having a very large tumor, reaching to the ensiform cartilage. She desired an operation. Upon examination it was found to be a fibroid of the uterus. The blood vessels supplying it could be distinctly felt pulsating and a surgical operation was out of the question. She consented to the trial of ergotine, which was given in grain doses hypodermically each alternate day. At first the improvement was very rapid. The pulsation ceased after the first hypodermic injection. The reduction of the tumor continued for two months, when the remedy ceased to make any impression, although the doses were doubled. It was then determined to use sclerotic acid, beginning with one-half grain, dissolved in water, used hypodermically. The action of this form of the remedy was marked. It caused the head to feel strangely, and the hands and feet to become cold. The effect gradually

passed away until the remedy ceased entirely to have any effect. The remedy was continued three months after it ceased to do good, then stopped. In two months it was resumed, but to no effect. The tumor was much reduced in size. The patient felt no inconvenience from it, nor has she to this day. Her health is excellent.

**Case IV.** Mrs. W., 51 years of age, came under observation in February, 1892. Her tumor reached an inch above the umbilicus and was firm, though movable. A central band distinctly divided it into two parts. It was longer on the left. She was placed on fl. ext. ergot, fifteen drops three times daily, and one grain ergotine twice each week hypodermically. Prior to the treatment she suffered from menorrhagia at least half the time. The tumor is much reduced in size. The small division has seemingly reduced more than the larger. She has gained much in strength, and is gratified with the results. Is intermittently yet under treatment. There have, in some instances, been large and painful abscesses from the use of this remedy. The question then arises: How does this remedy act in the reduction of these tumors? Will it invariably reduce fibroids?

In the outset of this paper it was stated that the vaso-motor nerves were derived entirely from the sympathetic. The non-striated muscular fibres of the blood vessels are entirely under the control of this system of nerves. It is physiologically shown that the capillaries are subjects of this system, and that they contract when the sympathetic is stimulated by galvanism. Then this remedy must, by keeping up a gradual stimulation of the ganglionic nervous system, cause a contraction in the uterus, which, as we have seen, derives its supply of blood almost entirely from this system, and in this way the blood supply is cut off from the tumor, and it consequently diminishes in size. If the remedy is continued too long or given in over-doses, the sympathetic ceases to respond and the benefit is at an end.

As to the second question: Will this remedy reduce all fibroids of the uterus? No. In a large number of cases the fibroids of the tumor play a small part, as shown by Lawson

Tait, in his work on "Diseases of Women," and Schrader bears the same testimony. The point of all this then, is, that the more vascular the tumor, the more we are to expect from this treatment. As to the different forms of this remedy, I prefer sclerotic acid for hypodermic use, as it is less likely to cause abscesses, and we get it directly into the blood without having it undergo any catalytic change.

## Malarial Hæmaturia.

BY N. D. CLOUD, M. D.

Malarial hæmaturia has not attracted the attention of the general practitioner as it ought to have done. Therefore, I shall endeavor to give a partial history of this malignant type of malarial fever. In the investigation it has been shown that bloody and black urine was fully appreciated and recognized by Hypocrates and other ancient writers, more than two thousand years ago. These investigations, however, related to all that class of malignant fevers, which are invariably attended with hemorrhages, and did not relate directly or exclusively to malarial hæmaturia, while we have sufficient proof to demonstrate beyond doubt that this disease, which is at the present time only slightly attracting the attention of a few of our American physicians, was not unknown to the Grecian, Roman and Arabian physicians. At the same time, an extended examination of the medical literature of the United States since the establishment of medical journals, during the past century, will lead to one of two conclusions, namely: That malarial hæmaturia was unknown upon the North American continent, or had no existence. Malarial hæmaturia existed, but was not recognized as a distinct form of malarial poisoning. The general practitioner ought to investigate more thoroughly the pathology, symptoms and treatment of this malignant type of malaria. It is worthy of note that malarial hæmaturia, as a rule, claims for its victims those who have suffered from repeated attacks of intermittent fever, or who have been exhausted by a prolonged attack of remittent fever. And while some of the symptoms as nausea, vomiting, deep jaundice, and impaired capillary circulation, resemble those of yellow fever, yet there is a material difference which has previously and upon various occasions established without doubt the diagnosis. The peculiar manifestations of this fatal disease are based upon alterations of the blood and organs which have a predisposition to congestion, structural changes and inflamma-

tion, as the brain, lungs, bowels, and especially the kidneys, owing to the defibrinated condition of the blood.

In those cases of malarial hæmaturia which came under my observation during my stay in the charity hospital in New Orleans, a careful and scrutinizing examination of the blood by Prof. Jas. Jones revealed great diminution of the colored blood corpuscles, with pigment granules, etc. This condition continues throughout the entire disease. I shall give a synopsis of a few cases from my note-book. Willie Maywood, a stout young man of twenty summers, a native of Georgia, came to Florida in 1884; had not been accustomed to early rising and exposing himself to the hot sun, and especially to the poisonous atmosphere of the Florida hummocks. He had been advised by friends to be cautious and not subject himself to the pernicious influence of the swamps, but to no avail. Sometime in September he had a severe chill, however, he had had an attack of malarial intermittent fever in August, which exhausted him very materially. In September, as before stated, he had a chill about two o'clock P. M. I was sent for, but did not arrive until four. When I entered his room he was very much excited by the unexpected hemorrhage. I examined him very carefully, found the liver, kidneys and spleen congested; skin a deep yellow color; nausea and vomiting; tongue coated, indicating malaria; temperature 104 F.; respiration 24; pulse 110 per minute.

Treatment—First, A hot mustard bath, then wrapped him up in blankets; applied a sinipism over the stomach; to control the fever, aconite and nitre, also hydrargy chlor. mit. and sod. bicarbonat a. a. grs. i. every hour. At my next visit he was very nervous and seemed to be almost exhausted from loss of so much blood. His bowels had not been caused to move by the medicine given, so I repeated the first prescription, then waited four hours and gave him an enema, when the bowels moved very nicely, though his temperature was 102½ F.; pulse 100; skin yellow, hot and dry. During the night his kidneys acted and he urinated several times, the urine being of the same bloody character. I now gave him infusion of digitalis, acetate pot., sweet spts. nitre, getting a very happy effect. Next morning: Temperature was 101 F.;

pulse 90; skin moist. He had slept well and had taken nourishment during the night. 4th. visit: Temperature 99½; pulse 82; skin almost natural; kidneys acted well. I gave him liq. potass. arsenit. five drops every four hours. 5th. visit: Temperature 90; skin normal. His mother insisted that he should have quinine, and to please her whims I gave him grs. x every two hours. However, not long after taking the second dose he had a profuse hemorrhage, I immediately stopped the quinine and continued the arsenic. The second day after the last hemorrhage I tried the quinine again; result was another hemorrhage, so I concluded that I had experimented enough at his expense. And after this commenced to treat him as a sensible man—gave a tonic of strychnine and arsenic and nutritious food, and he made a rapid recovery.

#### DISCUSSION.

Dr. Webb—Of course it is very interesting to us here in Florida, because we sometimes have cases of this malarial haematuria. I was about to say to Dr. Smith, during the reading of this paper, that we had had cases of this disease in St. Augustine, but remembered that they occurred during the time he was away. I had one case, and the haematuria followed the fever. If I remember right, it was about a year ago. The patient was a delicate boy of twelve years old, and after the force of the fever was broken, the haematuria appeared, and hemorrhage poured from every part of the mucous surface, except that of the rectum. He had no hemorrhage from the bowels. It began with the blood in the urine and bloody discharge from the mouth, together with blood spots all over the surface of the body. Both eyes were like those of a boy hit a hard blow—as a blow from a pugilist; and the nose and every other part showed the effects of the haematuric trouble. He made a recovery under large doses of tincture of iron. My friend, Dr. Peck, says that many years before there had been several cases, in which one or two had lived. This boy lived. There was no hemorrhage from the bowels, but every other mucous surface bled profusely.

Dr. Caldwell—There are some members of the Association present who have a good deal of this trouble. My friend

Dean, for instance. It would have done poor old Gary's heart good to have gone into this discussion. He opposed quinine. Gary read an article at Gainesville, and we had a regular war there for a whole day, and when I went home from that meeting I was sent for to see a man who had been cleaning out a scow and was sick. This was the only case I have ever seen. He had all the symptoms that this gentleman here has told us about; had been dosed on quinine—twenty grains ten times a day. I stopped the quinine and gave him calomel and blue mass, and the fellow got well in a few days. He never had anything else, but good nourishing diet.

Dr. Miller—In the summer of 1886, about thirty cases of malarial haematuria came under my observation, and after the first case, we treated with calomel and quinine. The treatment was carried out with Fowler's solution. In every instance in which quinine was given, there was a recurrence of the hemorrhage, and I think that Dr. Caldwell will bear me out that this disease does not appear on the east coast here, and that its resemblance to yellow fever is very close; but a chemical test settles the point at once. Dr. Guiteras, who used my notes, claimed it was yellow fever, and that it had simply drifted out from Tampa. Dr. Guiteras had had very little experience with hemorrhagic fever.

Dr. Izlar—During my short experience, my first year in Florida, I became disheartened. I treated four cases of malarial haematuria, and it is needless to say that the four patients died and they did not die cured, either. I treated my cases with quinine, and as my professors in college had taught me, also, as I had been taught during my hospital training, and as Dr. Caldwell has paid our late friend, Dr. Gary, a deserved compliment, I will state that I went to his office and said: "Dr. Gary, I am ready to throw up the sponge and go home. I have lost four patients in the last three weeks." He patted me on the shoulder and replied: "No; I will tell you what to do, and it will cure them," and he mentioned his treatment, which has been read before this Association—the mercury treatment. It gives the kidneys more work to do, and in doing so, relieves this fatal congested condition. I was speak-

ing some time since to the Medical Director of the Germanai Life Insurance Company, an old gentleman of eighty years, about this. We were discussing the matter in my office, and he asked me the treatment here in Florida. I gave him, to the best of my knowledge and belief, all I knew of the mercurial treatment. He told me that he had seen numerous cases of malarial haematuria in the bottoms of the Mississippi ; had seen them die like sheep, and said that muriated tincture of iron would cure any case under the sun. I begged to differ, as I had tried it here in Florida. I will reiterate and state that, if any member of this Association ever has a case of malarial haematuria and treats that patient with quinine, that patient is bound to climb the golden stairs.

Dr. Moore—I have been in a section of country which has the reputation of having a little malaria in it. I used to meet with this fever sometimes, and I must say that I am a very great friend to quinine. I have given my patients all the way from twenty to sixty grains at a dose, and I have to differ with my friend on my right (Dr. Izlar). I never had very many of them to climb the golden ladder. I have had a few of them to die; quite a number of them to get well. I never had a case that I did not give quinine. I hardly ever gave it by the mouth, but used it principally by enema. Principally one good dose. My experience with the manner in which haematuria comes on is, that invariably as the fever goes down the hemorrhage flares up, and by the time the fever remits the hemorrhage is almost gone. The first case I ever had, had not been given quinine. I never had seen a case before. They said quinine produced hemorrhage. I said I did not think that it did. I gave quinine and the patient got well. I gave about sixty grains in the first twenty-four hours, and from that time on I never ceased to give quinine. I invariably give mercury too. But unless I see a change in the future from what I have had in the past, I shall continue to use quinine in malarial haematuria.

Dr. Miller—I would like to ask Dr. Moore, do you remember in how many cases of malarial haematuria you have given quinine internally, and if you gave it at the beginning of the paroxysms, or do you wait until these spasms subside ?

**Dr. Moore**—I never give it by the stomach when in that condition. I never have treated a case of malarial hæmaturia without using quinine. I have lost some, but generally the patients I have lost, I would find in a congested condition.

**Dr. DuBois**—I wish to say that seventeen years experience has taught me to be very careful about giving quinine.

**Dr. D. M. Smith**—My report should come under the head of necrology. I have seen numerous cases of malarial hæmaturia. I kept a record of very few cases of recovery in the first six years. My partner had practiced in the same place for twenty-seven years. He said that he had long ago ceased going to see them, and always refused to go. He had given quinine in every form and after every manner known up to that time, but they died. I gave them quinine by the mouth, and they died. I gave no quinine and they died. I tried calomel, and they died. The latter half of my residence there I did not make out as many death certificates as during the first half. I gave them quinine. My plan of treatment was this: I usually gave them hypodermic injections to excite the action of the skin, and purgative doses of calomel, repeated until I got successful action. I never in the last four or five years have given a dose of quinine by the mouth, but give it hypodermically. I give it until I note the characteristic effects of quinine, and have lost a very small percentage in comparison with the percentage of deaths during the first six years. I think that the trouble with quinine was that the stomach did not absorb it; there was a failure to get the effects, and the result was the patient died. I use hypodermic injections to excite the action of the skin.

**Dr. Cloud**—How much do you give?

**Dr. Smith**—Sufficient to produce the characteristic effects.

**Dr. Izlar**—We all seem to differ on this treatment of malarial hæmaturia. It matters very little concerning the treatment in the different localities, still, after listening to the remarks of a few of the members present, I would state in a few brief words the history of a case that came under my notice about a year ago. A young man in our town was attacked with malarial hæmaturia. I had recourse to my

mercury treatment and pushed it, and gave also two grains of chlorate of potash, a little ipecac and bicarbonate of soda every two hours. I thought my patient was safe, and I am sorry to say that he was not. The hemorrhage ceased, the excretion of the kidneys became normal for twenty-four hours. After that time, I again visited my patient and found the hemorrhage had returned, the skin dry and the tongue also dry. I administered quinine hypodermically until he was cinchonized, and in twenty-four hours his urine was again normal or free from blood, and I again thought my patient was safe. Left him for twenty-four hours and visited him again, he being on the treatment I have outlined. When I again visited him, though no blood had passed his kidneys, while I sat by his bedside he made it known he wished to micturate; it was pure blood. I am not exaggerating in the least. I was at a loss what to do. I had tried this, and I had tried that. His skin was acting at that time very nicely. I dropped my mercury and pushed my quinine to thorough cinchonism, when my patient died. Now, I am at a loss what is the best treatment for malarial hæmaturia. Some of us have good results from mercurial treatment alone, and some better results, they say, from the quinine treatment alone. I think that this discussion is very appropriate, and as I have had very little experience (I do not think I have treated over eight cases, and saved three, as I think, by the mercurial treatment). I should like to hear more.

Dr. Harris—I can state I had one case, and as an experiment, gave turpentine. I commenced by giving him a drachm.

Dr. DuBois—Some twenty-six years ago malarial hæmaturia prevailed in South Carolina, across the river from the city of Savannah, back in the rice fields. There were several cases. As a medical student, I saw some of them. The cases that were treated by an old negro, all recovered. I made a point of going to see him, and he said he gave them calomel. I do not think he ever lost a case.

Dr. ————I have practiced twenty-five years next Sunday, having served two years as a student in a hospital. I have never seen in these twenty-five years a case of malarial hæmaturia recover under the pure quinine treatment, as has

been reported. I have seen numerous cases recover under the calomel treatment. I tell you, gentlemen, you need not fear to put in a little calomel in these cases. Do not be afraid of your mercury, but withhold your quinine until you get your patient where he can stand it. I withhold my quinine altogether. I am not giving it at all. Whether I am right or whether I am wrong, many of you may differ with me. I do not say that you are wrong, or that I am right, but this has been my experience, and I have had this experience twenty-five years next Sunday, and I have treated I do not know how many cases, for I have been in the South all my life.

Dr. Smith—I may as well mention the fact that Professor Hare stated, and he is a most exhaustive student of every subject, that it was the result of his observation that quinine was not considered good in malarial haematuria by the Southern practitioners; that it was found to be general that they did not give it; that their results were better without quinine as strictly quinine treatment, and Professor Hare has made such an exhaustive study of the subject that he is a valuable man on whom to rely.

Dr. McKinstry—I have had a good deal of experience with this fever, and it has led me to believe that mercury is chiefly useful by its influence upon the excretory organs. I myself, use calomel a good deal. I believe that where the skin and bowels can be kept in an active condition, it is probably all we can do under the circumstances, and I do not think that mercury has any specific influence over the disease. Quinine, I think, causes a direct return of the kidney trouble, and my experience has been that it is sometimes harmful. As in yellow fever, there is no specific treatment for malarial haematuria, and if we can keep the patient alive for a brief number of days, until the system is relieved of that load of effete matter, I think he will recover.

Dr. Cyrus—I have had but one case, and that recovered under the mercury and quinine treatment, but what I got up for, was to state that the indications are certainly very strong for a little roast beef.

Dr. Lancaster—I have never treated this disease very extensively, but I have given it study, and from my experience and

the testimony of my brother physicians, I believe that quinine is not the best thing to be given. Fowler's solution is a good remedy, and another very valuable one is a decoction of lemon peel. Many of these cases will get well in spite of the quinine, if they have other treatment. That quinine is not the best thing to be given, I am convinced.

## Hypertrophic Rhinitis.

BY LESLIE W. WEEDON, M. D.

What will be said is from the standpoint of the general practitioner, and from one who makes no claims to specialism. Hypertrophic rhinitis is the more common variety of what is known as chronic nasal catarrh, and, of course, as is well known, consists of an hypertrophy of portions or the whole of the middle and inferior turbinated bodies, thereby occluding more or less completely the nasal passages. In this disease, which often is of very slow growth, the normal tissues of the parts undergo a gradual thickening and the blood vessels, great and numerous as they were before, become even greater and more numerous, producing a chronic congestion, which, as the function of respiration becomes more embarrassed, and the normal exosmotic process restricted, leads to a low grade of inflammation of the mucous membrane.

The etiology of this disease is not at all obscure, as its existence nearly, if not always, depends upon some obstruction to free respiration and drainage of the nasal cavities. This obstruction is commonly dependent, either upon a deflected septum, a bony or cartilagenous growth, or a paretic condition of the muscles controlling the alæ nasi. It is also claimed by some that hypertrophic rhinitis occurs when none of these conditions exist; but from my own observation I cannot say that this is true, and I believe the preponderance of opinion is against it.

The deflected septum is by all odds the most fruitful source of the disease, which, I believe, is of much more frequent occurrence than is generally supposed. I do not believe it is claiming too much to say, that at least ten per cent. will show more or less deviation from the normal, either as simple deflection with thickening, enchondromas or exostoses, which has resulted from some previous fracture or dislocation. These injuries are very liable to occur in childhood and early youth periods in life when all are subjected to such injuries, and who

has not seen stars and the blood flow from a lick on the nose? Then consider, too, the prominence of the nasal bones, the relative position of the perpendicular plate of the ethmoid which constitutes the principal bony part of the septum and the triangular cartilage, which articulates with it edge to edge, and you will readily see that both by its prominence and frailty of structure such traumasms are invited. Now, hypertrophic rhinitis in its milder forms, will show very little evidence of inflammatory action—simply an hypertrophied condition of parts of the middle and inferior turbinated bodies, producing an occlusion more or less complete of the nasal chambers. In the severer forms is to be found a more complete stenosis with a marked change in the character of the secretion. The normal serous exudation is suppressed, thereby rendering the mucus more tenacious. It accumulates in the inferior meatus posteriorly, and often it is only by repeated efforts at "clearing the head," so called, that one is able to dislodge it into the fauces, from whence it may be expectorated. This mass varies from a plug of transparent mucus to thick pus. The objective symptoms can only be discovered and the diagnosis made by the use of the rhinoscope, the component parts of which are simply a head mirror to reflect and properly focus the light, a good speculum for anterior observation and a small rhinological mirror for examining posteriorly. After getting the anatomy of the parts thoroughly in one's mind, it is an easy matter to diagnose hypertrophic rhinitis. The hypertrophies are soft pinkish protuberances from the turbinated bodies, and if there is any question as to what it is or where it springs from (for it might be taken for a polypus), the use of a spray of a five per cent. solution of cocaine hydrochlorate will reveal its true nature. One of the first symptoms of hypertrophic rhinitis is often to be found in a marked predisposition on the part of the patient to suffer from what are termed "colds in the head," and what physician is not being constantly importuned for something to relieve colds in the head? And who has not been frequently asked the question, "Why am I so given to colds?"

This predisposition is coincident with and dependent upon a chronic nasal catarrh, very often of a mild type and but for

these exacerbations which occur upon the slightest exposure to cold or damp, would not be recognized. That acute choryza is an uncommon affection except as a specific disease I am thoroughly persuaded. It was Bosworth, I believe, who first promulgated the idea of its being a part and parcel of a chronic process, and my own observations verify his opinion, that chronic nasal catarrh has its distinct periods of remission and exacerbation, the acute choryza being simply an occasional rekindling as it were, under some stimulus, of the smoldering embers of the pre-existing chronic disease. The symptoms that lead to the diagnosis of hypertrophic rhinitis are very often referable to other parts. Hypertrophic rhinitis, I will say first, often gives rise to mouth breathing; and the air being inhaled cold, dry, and laden with dust, impinges directly upon the sensitive larynx, gives rise to laryngitis or bronchitis of which perhaps your patient will alone complain. The nasal mucous membrane is perhaps the most vascular of any in the human body, and hemorrhage is more easily provoked here than elsewhere. So rich is the blood supply, that it is estimated on the best authority, that there is given off during the day in the function of a perfect nasal respiration, at least a pint of serum. This serum moistens the ingoing current of air and also warms it, both of which are readily discernable on a cold morning in the nebulized vapor that escapes from one's nostrils.

The nasal cavities are so arranged also, to act as seives as it were, and the inspirated air is not only warmed and moistened, but is freed from all irritating particles. In mouth breathing, therefore, there necessarily develops an irritating, if not an inflamed condition of the larynx and bronchial tubes that no amount of medication will relieve. I have adopted as a routine practice the careful scrutiny of the nasal cavities of every patient complaining of any persistent trouble of either the larynx, pharynx or bronchial tubes. One case for illustration: A lady from Northwest Texas who has been coming to Florida for years to escape the cold winters and irritating winds of her native State, came to my office a year ago this winter, and asked that I prescribe for her, as she had contracted a severe attack of la grippe. She also suffered from chronic laryngitis

and bronchitis, irremediable she thought and so stated to me, with the suggestion that I do something for the la grippe, which was engrafted upon the previous trouble, of course, making the patient very miserable.

In examining, however, for the cause of her laryngitis and bronchitis, I discovered an impeded nasal respiration; the anterior nares was free from obstruction, but with the aid of the rhinoscope posteriorly, I discovered two mulberry like bodies characteristic of hypertrophy of the posterior ends of the inferior turbinate bodies. With the use of the Jarvis snare they were removed at a subsequent time. This patient assured me that she had been treated for this laryngeal and bronchial catarrh by the best physicians in that part of the country, who had made use of apparently every means in both constitutional and local measures, including throat sprays of every conceivable kind; yet had never discovered the true cause of the trouble. I have seen and operated on many similar cases with the best results. The patient was, when I last heard from her, almost entirely relieved of her long standing trouble.

If it were not for the various nasal reflexes and inflammatory troubles established elsewhere, hypertrophic rhinitis would be seldom detected; being, as it is, a very slow and insidious growth and often devoid of any inflammatory action recognizable, many people become habituated to a restricted nasal respiration, and a stopped nose is with them a trifling matter. But when this stopped nose gives rise to stopped ears with suppuration in the middle ear, they seek aid, and it is often an easy matter to discover the cause, much easier than it is to remedy it. That this is a very prolific cause of middle ear disease, there is no question, and it is often a simple matter of mechanics.

There must always be an equal air pressure on the two sides of the drum membrane. Now, what happens when you permanently close the nostrils? The eustachian tube no longer receives its supply of air, a rarification takes place, and the middle ear becomes deprived of air, the eustachian tube becomes collapsed and there is a retention of the mucus which should normally flow into the nasopharynx. As soon as

drainage is suppressed from a cavity, lined with mucous membrane, a pus or mucopus accumulates and the next step is inflammatory action. The air pressure on the outside of the drum membrane, of course, continues and you have a retracted and atrophied membrane which also ruptures, and added to the deafness, you also have a discharge of pus from the ear; all from simply a stopped nose. Another far-reaching result of hypertrophic rhinitis is to be found often in asthma. Whether the cases in question result from irritation produced by mouth breathing or are more dependent upon a disturbed nervous relation of the different factors constituting the great respiratory tract and termed reflex, I do not know; but that many cases of asthma may be cured by relieving these hypertrophies and consequently an embarrassed nasal respiration is a fact established by personal observation. If it were necessary I could go farther and substantiate the statements herein contained with report of cases, and establish without question that obstructed nasal respiration not only can, but actually does cause deafness with middle ear disease, catarrhal pharyngitis, laryngitis, bronchitis, and asthma as well.

Now, in the treatment of hypertrophic rhinitis as in all other diseases, there are various ways and means of so doing. But to say what the methods of different authorities are, is not my purpose; it would indefinitely prolong this paper were I to even attempt to do so, not to mention my inability in the matter.

I think it best to do things in the simplest way commensurate with efficient work, and in stating my way, or at least the means that I have adopted for dealing with hypertrophic rhinitis, I give it to you as the result of a pretty thorough investigation, boiled down as it were, to a few practical methods. The treatment is necessarily divided into medical and surgical.

The exacerbation, so to speak, of the inflammation accompanying hypertrophic rhinitis, which gives rise to frequent colds in the head, or acute choryza, and as one of the leading symptoms, is to be dealt with often first. Generally, by the use of circulatory sedatives, diaphoretics, etc., the cold will in a

**few days** "break," as it is called, and the excretory function is established, with relief to the patient. The best treatment for the stage of exacerbation, or the cold in the head, is, in my opinion, atropine, by the use of which the cold may be aborted in a few hours. The virtue does not all lie, it may be said, in the remedy, but rests largely in the method of its administration. Take about one-thirtieth of a grain of atropine and dissolve in four ounces of water, and of this solution give a tea-spoonful every fifteen minutes until the physiological effects of the drug begin to manifest themselves; then increase the interval between doses to half, and finally one hour. The cold will often wear off with the effects of the remedy. It is true, the dose is very small, but it is effectual when given in this way. I have adopted somewhat, of late, this method of more frequent and smaller dosage, and am so much pleased with the results that I would recommend its more general adoption.

The first thing to be done in the treatment of hypertrophic rhinitis proper is to clear the nostrils as much as is possible of the accumulated secretion and allay the inflammatory action by the use of a spray of Dobell's solution, or some alkaline liquid that will dissolve the mucus and at the same time soothe and disinfect the parts. When the stenosis is marked, a few grains of cocaine hydrochlorate may be added with advantage. In mild cases the continuous use of a spray of this kind will give relief. In my practice I find all cases require more or less surgical treatment, which is the only effectual way of dealing with this disease. These hypertrophies are to be removed, and there are several ways of doing it. Cocaine anaesthesia is of course necessary, and is accomplished best by using a twenty per cent. solution. Saturate a small pledget of cotton and with a pair of small forceps sweep it several times over the hypertrophied mass, which, if anterior, is apt to be at the end of the middle turbinated body. It is best to leave the cotton pledget in contact with the part for about five minutes. Whatever means be used, whether a galvano-cautery electrode or the chromic acid chemical cautery, this primary step is the same, and can only be done with the assistance of the head mirror, a good light, and the nasal speculum.

If the galvano-cautery be used, the electrode should be at

a red heat only, and but a small surface should be gone over at each sitting, to avoid too severe a reaction. The use of this means will require considerable care and quite a nicety of touch. A simpler and as good a way, and one that is devoid of cumbersome apparatus, is to be found in the use of the chromic acid cautery. After anaesthetizing the part, a few small crystals of chromic acid are made to adhere to a moistened applicator and fused over a spirit lamp into a dark red bead. This is to be applied at one point only and care taken that the acid does not come in contact with the other normal parts and excoriate them; to avoid which a very small portion of the acid should be used. This treatment in a few days results in a slough; it also pins the tissues down to the bone underneath if properly done.

Posterior hypertrophies have to be dealt with in a different manner, and for that purpose I show what you all possibly are not familiar with—a Jarvis snare—one of the most ingenious of instruments, as well as powerful, when you consider its insignificant size. The inferior turbinate body is, as before stated, prone to hypertrophy posteriorly, and to obstruct the nasal passage at that point. For the removal of such obstructions this instrument was devised. In this little operation it is not necessary to so thoroughly cocaine the parts. A five per cent. spray is thrown into the nasal fossa well back. In a few minutes the snare is introduced, the loop of wire being made small (the mechanism you will readily see), with the convexity of the loop toward the septal side. When well introduced it is simply turned half round; being then in the naso-pharynx, the loop can easily be made larger if necessary, when, with a slight withdrawing of the instrument, the tumor will be engaged, and is easily amputated. One caution, however, in the operation: remembering the vascularity of the part, take at least thirty, or, better, forty-five minutes in amputating, which is accomplished simply by turning the little nut which retracts the wire loop into the canula. Now, as for the other obstructions of the harder parts on the opposite or septal side of the cavity, I will say a few words. It is these usually that give rise to hypertrophy of the soft parts of which we have spoken, and, as also stated, result probably

from previous traumatisms. They may appear as simply a bulging to one side of the septum, and thickening, or as spurs, ridges or ledges, the latter usually running antero-posteriorly. They may be cartilaginous or bony in structure. There have been a great many means devised for correcting these troubles, such as knives, chisels, trephines, saws, etc. I will not even attempt to mention them all, as it would be of no particular use.

I am usually enabled to relieve any such case with either the saw, as devised by Bosworth, or with the nasal trephines of Curtis. These saws are very efficient little instruments, and, as you see, one is made to cut downward and the other upward, as the particular case may require. By a steady and rapid short stroke one is enabled to remove any kind of hard growth or projection very readily.

Burs and trephines can be operated by an ordinary dental engine or electro-motor. Where there is great or complete stenosis of this kind and not room to enter the saw, the trephines are to be used. These operations are rarely followed by serious inflammation, provided there is due regard to cleaning the parts. The paresis of the alæ nasi, which sometimes gives rise to hypertrophic rhinitis, and is usually seen in children, can be overcome by having the patient wear some alæ nasi dilator, which simply prevents the collapse of the parts in question during the act of inspiration, and serves to stimulate to assertion the normal function of these tiny muscles. Myles' dilator has in several instances been used with satisfaction to my patient and myself as well.

I am aware that a great deal more might be said, especially along the line of treatment as pursued by the different authorities. I have attempted to give you an outline of what in my hands have proved to be practical and easy methods of dealing with hypertrophic rhinitis.

#### DISCUSSION.

Dr. F. F. Smith—Mr. President and gentlemen: The paper which Dr. Weedon has read has practical bearings in the South, and I think it ought to be discussed. I have only one or two suggestions to make, which have been useful

in my own practice. One is, that during the early stage of catarrh, the use of cocaine is of much benefit. It does good by causing contraction and checking the congestion when it has begun. I wish also to confirm the use of the nasal trephine. In one instance, a patient who was suffering very much, was greatly improved after the operation. His general health improved to such an extent that instead of being a thin and ill man, he became robust and healthy, his appetite increased, his whole physique improved, and yet he had been taking for years all kinds of tonics and adopting various measures which were recommended. I speak of this only to bring more to your notice the paper of Dr. Weedon, and how desirable it is that each of us should employ some such means of diagnosis in these cases of obscure character.

Dr. Lancaster—I should like to ask Dr. Weedon if it does not sometimes require some training to make successful use of the Jarvis snare?

Dr. Weedon—No sir, I have never found any difficulty.

Dr. Lancaster—I do not mean on the part of the physician, but the patient.

Dr. Weedon—They soon become accustomed to it. If you find a patient with a very sensitive larynx, it is best to put it off until another time. That sensitiveness will disappear very largely.

Dr. Lancaster—Is it not necessary to use some precaution in the use of the cautery?

Dr. Weedon—Where it is applied over a considerable surface, it is very often necessary to apply some alkali that will neutralize it. An insufflation of bi-carbonate of soda would be sufficient. The idea is to use just as little acid as possible to gain the end.

Dr. Bacon—I did not mean to say anything in connection with it, but I think the paper is so good a one that it should be thoroughly discussed. For something like two years I was in a dispensary under Dr. Jarvis, and the doctor has not mentioned one very advantageous way of getting rid of that hypertrophied mucous membrane and cartilaginous tissue. Dr. Jarvis, in connection with his wire snare, invented a needle that accompanies it. It is merely a curved needle and

you can get them of different lengths. The way it is used is simply to transfix this tissue. If I had a pin, I could illustrate it. Thank you. (someone handing him a pin). It is to confine the tissue where you find it in the septum. He takes the protuberance, whether it be cartilaginous or hypertrophied mucous membrane, transfixes it with this long needle in this way : (Can you see that pin, gentlemen ?) Supposing that to be, as we look at the patient, the right nasal passage, takes the snare, puts it in position, slips over this way, along there, gives it that half hitch, catches over that portion there and by screwing it up he cuts out a portion of that tissue. We very frequently have considerable hemorrhage from it, but in the dispensary, where we worked and saw a great many of these cases, that was frequently the best method to adopt. Of course the carriage or snap was very frequently used. Where you have patients giving a sufficient history to lead to the suspicion of the presence of syphilitic taint, you will find an increased hemorrhage and particularly in that character of suppurated tonsils, which you get in syphilitic patients, it always affects the mucous membrane.

Dr. Weedon—I would say that I have attempted and have used the means that Dr. Bacon refers to by the method of transfixation, but I have been led to abandon it. In my hands it has not only proved difficult, but has, in some cases, proved quite disastrous in the way of hemorrhage. I have abandoned it for the use of the cautery, which I have found to be much better. I, myself, have seen Dr. Jarvis use the needle, and he is very skillful, more so, probably, than we who have only a limited amount of that work to do.

Dr. Caldwell—I would like to endorse Dr. Weedon's use of the electric cautery. I have used it to the exclusion of everything else. I also endorse Dr. Smith's views.

## Some Practical Remarks on Chloroformization.

BY J. HARRIS PIERPOINT, M. D.

It would be difficult to find a subject in the medical world which has claimed so much attention, chemically, experimentally and theoretically, as chloroform, during its comparatively short existence of fifty-six years.

During this period the most profound scientific researches have been made to eliminate the inherent fatal properties of this otherwise ideal anaesthetic. Innumerable essays and monographs have almost choked the channels of medical literature, in which their authors claim to have discovered this long and earnestly sought-for secret, with the unfailing result—that chloroformization of to-day does not differ materially from that practiced by our forefathers of a generation past. Multitudinous experiments have been made upon the lower order of animals to determine the mode of death from chloroform poisoning, in order to appreciate its approach in man, and to avert it if possible. Much has been done by the Hyderabad Commission in the East towards a settlement of this much mooted question, and one would infer from these comprehensive researches that there remained but a minimum of danger in chloroformization, provided the laws framed by this commission be strictly adhered to.

Professor H. C. Wood, of Philadelphia, has, in my opinion, successfully controverted the absurdly dogmatic deductions of the Hyderabad Commission concerning the mode of death in chloroformed dogs, and I wish here to offer my protest against its dangerous and misleading statements. But this subject will come up for consideration later on.

Discussions and controversies upon the subjects, "The Comparative Safety of Chloroform Versus Ether," and vice versa, have alike failed to elicit much practical information that will relieve the chloroformist of that dread of accident which is ever properly entertained during the administration of this anaesthetic. Feeling assured, therefore, that the

"specific"—if I may so speak—for chloroform poisoning remains yet involved in mystery, it is clearly our duty to throw around our patients as many safeguards as skill and a thorough knowledge of the subject will permit, and so diminish the danger to a minimum.

The question then arises : How is this to be accomplished ? It is the purpose of this paper to throw out hints, which have developed as a result of careful study and observation. The Hyderabad Commission, of which mention has already been made, asserts that chloroform kills from respiratory paralysis ; the heart continuing to act a variable period of time after respiration ceases, and furthermore says : "The practical outcome of the research would appear to be that deaths from chloriform are not inevitable ; that they are therefore preventable and by due care in its administration they may be with certainty avoided ; \* \* \* \* and there is no doubt whatever, that if the above rule (see report) be followed, chloroform may be given in any case requiring an operation, with perfect ease and absolute safety, so as to do good without the risk of evil."

It will be unnecessary for me to go over the ground of refuting the assertions, since Professor Wood has already done so. But there remain a few points to which I wish particularly to call attention. In the first place, the subjects used for experiment were healthy pariah dogs, ignorant and unsuspecting ; and assuming that all of them died from cessation of respiration—notwithstanding Prof. Wood's experiments which prove the contrary—it is readily seen that if man is suffering from some pathological condition, the analogy is weakened, or completely destroyed ; hence, the result of experiments upon dogs, from which such important deductions are drawn, fails to demonstrate the object for which the commission was formed. And, furthermore, a great number of deaths from cardiac failure, which cannot be questioned, are on record, one having occurred recently in the practice of a colleague in this city.

It is also unnecessary to review all the usual procedures of administering chloroform, of which every physician must have some knowledge ; but I wish to speak of some points that I

have found of great utility, and which enable me to use this anaesthetic with less trepidation than formerly.

In the second place, I desire most emphatically to denounce the practice in vogue at colleges and hospitals, of placing the administration of anaesthetic in the hands of recent and inexperienced graduates, and even nurses; so that the skilled physicians or surgeons may participate in the manipulative part of the operation or procedure. This, in my opinion, is a mistaken idea of fitness, in the congregation of a number of medical men, since it would seem that the most skilled should have charge of the most difficult part of any operation.

When a patient has been made ready for chloroformization, his fears should be set at rest as effectually as circumstances will allow, as this plays a most important part in an operation—deaths having been attributed to fear alone, as shown by the following extract from a paper by Dr. B. W. Richardson, published in "The Asclepiad," 1st quarter, 1890 :

"In the first place, in man the element of fear may play even a fatal part, as has often been shown. While an animal goes to sleep with the anaesthetic automatically, without a suspicion that it may never wake again, the very thought of dying under an anaesthetic of itself, whether expressed or concealed, involves serious risks to a human subject who has heard of the danger it has to encounter, and firmly believes in them all. Fear may be the only explanation for many deaths where the wrist pulse stops suddenly, and the respiration soon afterwards, before any of the usual phenomena of asphyxia have appeared. It also explains the frequent failure of artificial respiration in such cases; in animals it is almost always successful."

It is my practice to reassure patients by giving a hypodermic of morphine and atropine in a menstruum of whisky or brandy, and at the same time, to tell them that the danger from the chloroform has been removed; as it has, in my opinion, since it unquestionably lessens the stage of intoxication, adds tone to the cardiac muscles, quells cerebral excitement, lessens the susceptibility to shock, relieves pain after anaesthesia, and from an economical point of view, less chloroform is required after complete anaesthesia has been induced.

The next step (and one practiced quite extensively) is the examination of the heart, thereby augmenting naturally the patient's fears. Many times have I been told by patients that they cannot take chloroform on account of their hearts. The idea of a cardiac defect—be it ever so insignificant—being a contra-indication, seems to be rooted in their minds, which time cannot erase. By first feeling the pulse, which can be done in a casual way, and without arousing the patient's suspicions, a fair knowledge can be had of the heart's action ; and when a few inspirations of the vapor have blunted the patient's perceptive powers, a thorough examination can be made, and if chloroform is found to be contra-indicated, ether may be substituted without alarming the patient, or friends. However, there are comparatively few organic, cardiac lesions which will not permit of the use of chloroform, since I have administered it in some of the gravest forms.

After the first injection of whiskey, the syringe should be recharged, either with whiskey or some preparation of ammonia in order to immediately avert a threatened syncope. I find it very useful to make an occasional injection of whiskey throughout prolonged anaesthesia in surgical cases, acting upon the principal that it is far better to prevent than to remedy syncope.

Now that the patient has reached the stage of complete anaesthesia, the administrator should be more on the alert than ever, since herein the greatest danger lies. With all due respect to my Alma Mater, I was taught, in administering chloroform, to pay strict attention to the patient, and not to let my thoughts wander to the operation, (I select a surgical case for example) thereby neglecting my part of the procedure, and endangering the life of the patient. This is fallacious teaching, inasmuch as it lacks comprehensiveness. Surely, it appears to be the duty of the chloroformist to fix his attention upon his part of the operation ; but, in my opinion, this part embraces the whole procedure from beginning to end ; in other words, the anaesthetist should superintend the whole operation. The mere fact of holding an inhaler, and watching the-pulse and respiration, being only integral parts of a whole. Pain is the antidote to chloroform poisoning par excellence and should

claim the closest attention, as much so, as the heart, and the respiratory act. Chloroform is administered, not so much to produce insensibility and muscular relaxation, as to combat pain; therefore the administrator cannot possibly give chloroform intelligently unless he has an appreciation of the amount and intensity of the pain being produced. When the pain is intense the chloroform should be pushed, and vice versa when it ceases, or is greatly diminished. This is why deaths have occurred while extracting teeth under chloroform, the pain being intense for a few moments only and out of proportion to the amount of chloroform requisite to antidote it.

Another very important point which the preceding paragraph will illustrate, and one which should be at all times uttermost in the mind, is the fact that the residual air contained in the lungs becomes highly charged with chloroform vapor, which will maintain complete anaesthesia several minutes after the inhaler has been removed, and it is here, as in extracting teeth, that patients are apt to be overpowered by complete anaesthesia, plus the chloroform contained in the residual air, when pain has suddenly ceased. This occurs when the cutting part of the operation is finished and the hemorrhage is being controlled, operators often not wishing to stop the anaesthetic until the sutures have been taken. For example, five minutes or more has been consumed in arresting the hemorrhage, and the patient has regained partial consciousness, so it becomes necessary to again produce anaesthesia during the suturing, which is disproportionate to the little pain inflicted by passing needles through already partially numbed tissue, and the patient unexpectedly drops off. We all read of deaths occurring from chloroform after the operative procedures have been completed, and I think the above will explain many just such cases.

Of some minor details I will speak briefly. The chloroformist should at times during prolonged anaesthesia, urge the operator to economize time, as he (the chloroformist) can best appreciate the patient's condition regarding shocks and a fatal tendency from prolonged anaesthesia, as, often a few minutes only, will determine the result in the patient's favor.

Various forms of apparatus have been devised and used to

facilitate and lessen the danger of chloroformization. All that I have yet seen have objectionable features of some kind, being either too bulky to be carried about the person, or not easily made aseptic. I have devised an instrument which is free from these objections, being a spiral compressible cone that can be made to assume a flat oval shape to fit a coat pocket. When open a sterilized towel is folded, and pinned around the frame, making a complete and safe inhaler. I take pleasure in exhibiting this instrument. It should always be borne in mind that a free admixture of air is absolutely necessary in administering chloroform, and no instrument or apparatus is safe which does not fulfill this requirement.

In conclusion I wish to call attention to the great variations in the course of the temporal artery and its branches; so it is well to always locate the artery to be used, and to fix its position by its relations to the margin of the hair, eye-brows, zygomatic process, wrinkles or scars; since if not easily found during chloroformization, syncope may be mistaken for a loss of arterial pulsation. A mattress or pillow should never be allowed to remain under the patient's head without a covering which will not absorb and retain chloroform vapor, particularly when the patient assumes either the lateral or prone position. I came very near experiencing a serious accident as the result of this neglect. The patient being in Sims' position ceased to breathe immediately after the operation was concluded, and was with some difficulty restored. The cone had been removed some minutes before, so the chloroform contained in the pillow was sufficient to cause the accident. An oil cloth or even newspaper placed under the patient's head will fulfill all requirements.

Not only have we to consider the moral effect of a death from chloroform, but also the legal, as evidenced by the following, taken from the 1889 edition of the "Annual of the Universal Medical Sciences:"

"A death from chloroform at Sidney has been followed by a lawsuit by the husband of the deceased, and has resulted in a verdict of 'guilty' and an award of two hundred pounds damages on the ground that the anaesthetic was improperly

administered, and the patient subsequently neglected. Knoggs in an article read before the B. M. A. states that nine deaths occurred from anaesthetics in the colony during 1885, '86 and '87. They formed the subject of inquiry by Parliament and he pertinently asks: Who is responsible? the operator, or the administrator of the anaesthetic, and at the same time how far is the administrator of the anaesthetic, as well as others who may be present, responsible for the operation?"

If more care and consideration were given the study of this subject, fewer deplorable deaths would adorn (?) the pages of medical history.

#### DISCUSSION.

**Dr. Oglesby**—Mr. Chairman, Dr. Pierpont asked me to have this paper discussed.

**Dr. Williams**—I want to ask, to how young a patient you would administer chloroform?

**Dr. Oglesby**—I would say that it matters not how young the patient might be, if it were necessary to produce anaesthesia; anyway, I would use chloroform.

**Dr. Williams**—I wish to ask a question very much like the one I have asked, on how young a patient has any member of this Association adopted such measures?

**Dr. Phillips**—I have administered chloroform to a child two years old.

**Dr. Matthews**—A week ago I administered it to one a year old. I think, children stand it remarkably well.

**Dr. Fernandez**—There is one point I am sorry Dr. Pierpont did not tell us more about which is in regard to the circulation of the blood in the extremities and say how quickly the effects of chloroform has been done away with. I would be glad to have Dr. Oglesby inform us.

**Dr. Oglesby**—I am unable to do so. I would ask Dr. Fernandez, our Secretary, to do it. He seems to know something of what he is talking about.

**Dr. Lancaster**—I do not know of any record of death by chloroform in young children to the effect that fear is present. I think that this fear is generally responsible for the death. I make it a rule to examine the heart of the patient, as Dr.

Pierpont states, simply to reassure him that there is no heart trouble. One thing I take exception to him in is that we are more apt to produce deaths from anaesthesia where there is a mixture of pain, fear and chloroform. I think we have more deaths in the dentist's chair than under the surgeon's knife.

**Dr. Oglesby**—I believe that death often occurs where we get all the depressing effects of the anaesthetic, and often a few of the good effects because we do not push it to complete anaesthesia, and the operator is in a hurry to perform an operation, and the operation is done when the patient is suffering pain and at the same time depressed from the use of the anaesthetic and gets none of the benefits of the anaesthetic.

**Dr. Caldwell**—I never give an anaesthetic without a good deal of fear and trembling. I never give chloroform and I never allow it to be given. I am opposed to it, except to children. I was raised to it like I was raised a Democrat. I select a man I have confidence in and I do not dictate how he shall give it. He is responsible for that part of it. I have nothing to do with that. I am attending to the other end of the line. I am not supposed to know the condition of the patient, but I believe that a great deal of trouble comes in the operator interfering with the man who is doing the chloro-forming. I give the A. C. E. mixture entirely. I gave an anaesthetic to a child four days old once for the removal of a tumor. The child died, but it did not die from the effects of the anaesthetic. It lived a couple of weeks after the operation.

**Dr. DuBois**—I have a case to report. A patient had undergone a surgical operation two weeks before a secondary operation was required, and the patient was brought before the class at Belvue, and a very little chloroform was administered, and about the fourth inhalation the patient stopped breathing. I have never given chloroform since.

**Dr. Caldwell**—There is a point in anaesthesia where before complete anaesthesia there is just a momentary loss of sensation, that you take advantage of in extracting teeth; that I use in stretching the sphincter, and if you watch your patient you can see it and do not have to put them in complete ana-

thesia again. The shock is very greatly increased unless you get them profoundly under the influence of the anaesthetic.

Dr. Oglesby—In answer to Dr. William's last question, I would say that I have often administered chloroform to children, and I have never seen bad results from it. I have administered it to children under one year of age and never seen any bad effects from it.

Dr. Lancaster—I have found that by watching the patient's respiration and telling him to breathe and reminding him to breathe from time to time that he will do it when he is apparently very much under the influence of the chloroform.

Dr. Drew—I would say that I think it is not a good plan to give the patient up too soon who appears to be dead from chloroform. I have had two experiences, where by putting the heels almost perpendicular and throwing a sheet around him I have succeeded in restoring him when he was to all appearances dead.

Dr. Oglesby—I had an experience of that kind—two different experiences with the same patient the same day. I adopted that position and used artificial respiration. I think that English surgeons are more apt to restore a patient that is seemingly dead from chloroform than we Americans. We are apt to give up a patient too soon. We conclude he is dead and send for the coroner, when we could probably restore him if we would continue artificial respiration longer; they keep it up for an hour if necessary; we do not make such efforts, at least I have never heard of them in this country.

Dr. Lancaster—Only last week I was reading of a patient who had apparently died under the use of chloroform. He was perfectly livid. He was restored after an hour's effort. The doctor had to take the limbs from the shoulder and it was sixty minutes before there was a sign of life. After having been restored, the patient relapsed, turned blue again and had to be restored the second time. The patient got well.

## The Influence of Immaturity and Degeneration in some Forms of Thinking.

BY DEWITT WEBB, M. D.

Some time since, an article appeared in a widely circulated journal devoted to many phases of reform, from the pen of a widely known clergyman, in regard to some forms of amusement. The article appeared to me to show such a state of mind on the part of the writer as to call forth an indignant protest. In the short correspondence which followed, it was clearly evident that the writer neither could nor would look at any point of view but his own, and I said to him: "If it were the true view, then men are not fit for the society of women."

I have since seen more of the same sort of ideas in print, which led me to lay the present paper before you, which, while it will contain nothing new to the members of our profession, can bear well the force which comes from repetition.

We are all acquainted with the faults of immaturity in regard to sexual thinking, and are familiar enough with the inexpressible vileness of thought and speech in boys and girls, who have gone wrong at or near the age of puberty, before the whole nature has had time to become balanced, and passion take its proper place among the great forces of life.

About this age, we rightly throw all possible guards, until the control of the judgment shall become established, and until in full manhood and womanhood the entire physiological structure will, like any other machine, work altogether in rhythm.

We choose their associates, we guide their reading, we warn against improper practices, and strive to bring them up in mental and moral health, knowing full well if we do not, there will be an early failure of physical and mental powers, and a complete wreck of all fond hopes of family and friends. This condition and its necessities are familiar to all, not alone to the physician, but to all intelligent people, and fully appreciated.

This condition, however, affects only the individual, and our efforts are directed towards the prevention of the excesses of the immature, or to the quick suppression, if possible, if already begun. There is going forth from these young people gone astray, little that influences society, for society recognizes the evil and meets it as best it may.

It is not my purpose in this paper to deal with this condition of the very young, but rather with the mischief which comes from a thinking, and a consequent utterance, the result of senile degeneration in the nerve centres, which often passes for the inspiration which comes from the highest morality. I speak of morality in the narrow and restricted sense in which it is so often used by the English speaking world, viz.: the proper relation between men and women.

It is easy for us to understand how, through the age of maturity for both men and women, when all the powers are in full balance and accord, when passion is tempered by regard, by comradship, by a community of interest in pleasure and pursuits, when its object is glorified, and when, indeed, for the greater number of the youthful associates, there is for him or her, little or no passion, but comradship alone, the relations of the young may be comparatively free and yet correct, because of proper self-control and self-respect, and respect for one another. This is the healthy and normal condition of adult men and women.

As years go on, the change which comes with the passing of time takes place, and to many the change of approaching senile degeneration comes early, and shows itself as surely, although not so often recognized, as in the foul thinking of immaturity.

The mother's instinct tells her that her daughter is safe with her companion of twenty, but the same mother would make a careful inquiry if her escort were past middle age.

The subject under our consideration receives its importance, not so much from its consequence to the individual, as from its effect upon society—its thoughts and its conduct, because of this kind of thinking, the result of nerve degeneration, is given to the world, and by a large number accepted as the result of a deliberate and carefully formed judgment; so that a patho-

logical condition, the result in some of advancing years, which leads to the exclusion of all but the lower forms of sexual thinking, assumes only the same low plane for the thinking of all the young men and women in their association.

To these mentors, the dance is only a field for the exercise of unlawful desire, and but for the good sense of the young people themselves, and the healthy instincts of the mothers of the girls, a great part of the pleasure of young society would be destroyed. For it must be remembered that a great part of the plea of these moralists goes on the assumption that the girl lives among the young men, her companions, surrounded by an atmosphere of unlawful desire uncontrolled in them by the sentiment of either honor or comradship. Of course, to such a man, the dance is simply an invention of the evil one, and all gatherings of young people but so many opportunities for sin.

Now, all this will fall harmless on our ears if we will but remember that such a man has forgotten his youth, that instead of his sayings being the result of a ripened judgment, they are rather the evidence of a premature change in nerve tissue, for which his own life in the past may or may not be responsible, but which should lead us to give little weight to whatever he may have to say.

It is curious to note how the change in men's thinking follows the changes sometimes incident to age. We are more observant of the change in women, because when it appears, the effects upon the acts and conversation are more apparent from the sharp contrast with previous life and conversation; but we treat nymphomania as a disease, and never for a moment think of holding the woman responsible for words and acts which would have shocked her in other days.

So, when we read an article by some man from whom we should expect better things, which shocks us by its insult to the conduct and intelligence of the young people, we may remember that changes have been going on in the nervous system, which have brought on this change of thought.

It seems to me that our profession, familiar as it is with this trouble in older men and women, ought, in the best interests of society, to let it be known that one is just as much evidence

of a diseased state as the other, and the teaching of a prurient morality is often, instead of a vice, only an evidence of a physical state deserving of our sympathy and care. The trouble is, that the vaporings of a diseased brain pass for sound moral teaching, and many people are made miserable and think that they are doing wrong, when they should feel like resenting an insult to their good sense.

I do not mean to be understood that this state of mind implies a profligate life. On the contrary, the life has often been one in which the natural instincts have been repressed, and it would seem as if this lifelong effort had sometimes the same effect as to vice of thought, as a profligate course of life might have done.

But little harm would result if this were generally understood by the mass of readers, but a great deal of harm results when, instead of taking it at its right value, (which is nil), it is taken for the law and the gospel because of the supposed authority from which it issues.

Physicians are not bound (except as good citizens) to be the special teachers of morals, but in all the teaching which has a physiological and pathological basis, they should not fail to make their voice be heard.

The general public is very far, even yet, from understanding the full force and scope of the phrase—"A sound mind in a sound body." It would seem if it had been nearer attainment among the Greeks than before or since, and this is the common judgment of the world. Healthy thinking can only come from healthy living, and so very much that has passed and is passing to-day as proper moral teaching, is only the result of a diseased state, and so is very far from the truth.

As we would not think of following the advice of senility in other things, why should we in this, and handicap the proper and ordinary progress of the race? This unhealthy thinking would rob our art galleries of some of their choicest treasures.

The very first consideration to those who look for the physical advancement and better health of the race of mankind, is a better and clearer understanding of the proper relations of men and women. Can it be doubted that the proper class, whose voice should be listened to as speaking with authority,

is that of the doctors rather than of the professed moralists, who for so long have held the ear of the world, often teaching for doctrine the commandments of very one-sided men.

The truths of physiology are known to, and are to be taught to the world by the physician—taught plainly, with a clearness of thought and speech apparently impossible in any other class of men.

Modern life holds in itself the greatest possibilities for the future. Open and free-air living cannot be promoted by the prevalence of ideas born in brains already feeling the degeneration of a premature age, unsuspected by the writer or his reader. The world of men and women must grow up together, and the future must see, if possible, a better social relation.

The priests in the new world must be the men and women of the medical profession, rather than those of any other profession, for they will teach a physiological basis of the one phase of morals, which belongs to their sphere of life.

It will not matter if it shall run counter to what has passed as the proper teaching for the ages that have gone. It will teach not of repression and retreat, but of self-control and victory.

Young men and young women should learn from the doctor what they have not been able to learn from the priest, viz : that in amusements and business it is possible to have a proper freedom of manners without loss of self-control and self-respect.

The French novel, which we rightly call *vile*, is the product not of the young brain, but of the old brain already degenerating, and the progressive vileness of the succeeding volumes may, in most instances, be marked by the advancing years of the writer. It is the same trouble taking another form, but we are careful that the immature shall be kept, if possible, from this kind of literature.

I think we ought also to guard our immature young from those who would accentuate sex. To these moralists, a woman is always "one of the opposite sex." Their thinking has corrupted even their power of proper expression. It does not help matters that the object of their writing may be good.

Tolstoi is a great genius, and an ornament to literature and

humanity, yet his "Kreutzer Sonata" is a vile, as well as a very stupid book, utterly unworthy of the writer, and one it would have been impossible for him to have written in his earlier days.

The very writing of such a book, is, to my mind, an evidence of nerve degeneration. So when a professed moralist shows by his writings that he has an unclean imagination, the result of ageing, let his writings pass at their real value, and no body will be harmed. On the contrary, if these utterances are taken as the expression of matured wisdom, then great harm comes. It seems strange that premature impotence should have such an effect upon the imagination.

The physician, as the scientific observer of human life, its environments, its limits, its results, is very often its natural priest, whether he will or no.

If society is to come to a better, clearer and cleaner thinking upon these subjects, it must come through the profession of medicine, and not theology, strange as the statement may appear. We shall then have a cleaner thinking because of a better understanding of both physiology and pathology, and will make no distinction as to throwing the mantle of charity over both men and women, when age shall have dulled the perceptions and thrown the delicate organism of the nervous system out of tune.

Is it too much to ask of our fraternity that, so far as in them lies, they shall add to the already great burden which society lays upon them, and aid in bringing society into a more natural state of thought and behavior? As none know so well as the members of our profession the full force of all the great instincts that are fundamental to society, so no others know so well how habit can guide and control rather than repress. No others know so well how strong a healthy self-restraint can make men and women, or how silly is that teaching which seeks to hide a passion from its possessor, so that when it is once awakened it shall defy restraint and end in destruction.

Physicians are no better than other men, yet they are trusted (and rightly so) by society not to abuse their trust. Shall it be said that others cannot be brought to such a state

as also to be trusted? And yet this was exactly the illustration in the case first referred to, as the writer said: "No matter how true it might be as regards physicians," and he was kind enough to add, "and artists," it was not true of other men.

Now, this is not a lecture on morals. I simply wish to show that, as physicians, we believe that a right education makes it possible to have right thinking, and in this teaching neither the immaturity of youth nor senile generation has any place. The one is just as fatal to right understanding as the other. It does not matter that it has passed for many centuries as the teaching of the accumulative wisdom of the ages, it is none the less pernicious and false. Its tendency is inevitably to lead the young man away from his natural and higher thoughts toward his gentle companion, and to teach him that his regard is but lust for her person, and on the part of the young woman, to lead her to think that her pleasure in her companion's society is a sin, and that she is surrounded by a circle of young men to whom her presence is, at all times, only a temptation, intensified by her every adornment and grace.

In conclusion, I would only say that, while our profession is not held responsible as a teacher of morals, yet it is quite within our sphere to impart that instruction which comes from a knowledge of physiology and pathology, and so, in fact, to place on a sound and substantial basis, some of the conduct which comes within one phase of morals of daily life.

It is a strange thing that age should in this way pass from the higher to lower forms of thought, and yet the baldheaded front row at the ballet is matched by the moralist who cannot see in the natural companionship of young men and women anything but the gratification of unlawful desires.

To his mind there seems to be no such thing as self-control. His consciousness that his own thoughts run entirely on the lower plane is to him all sufficient evidence that all others are like his own. He excepts "physicians and artists," because common decency compells him to, often, I believe, with a mental reservation, but he puts all other men on his own level.

If it is true that "physicians and artists" only can lead lives

of clean thinking, then it is high time we started to lift the remainder of mankind to as high a level as our own, by giving them the plain teaching of the scientific basis of this phase of morals.

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## Errata.

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- Page 27, 18th line, read *practicable* instead of *practible*.  
Page 45, last line, read Geo. C. Matthews, *Jacksonville*  
Page 66, 12th line, read the roaring clouds are spread.  
Page 67, 28th line, read *rhinitis*, *chronic conjunctivitis*, etc.  
Page 72, 28th line, read Dr. Drew was an *adept*, etc.  
Page 73 3d line, read I am *acquainted*, etc.  
Page 75, 26th line, read *ranks* instead of *rank*.  
Page 76, 26th line, read *criteria* of sanitary science.  
Page 77, 25th line, read marriage *licences*.  
Page 77, 33d line, read as *nearly* correct.  
Page 79, 8th line, read *etiological* relationship.  
Page 80, 23d line, read the *kidneys*.  
Page 81, 35th line, read *spinous*.  
Page 82, 10th line, read *patient lay*.  
Page 82, 31st line, read *pathognomie*.  
Page 82, 33d line, read *habitude* of mind.  
Page 83, 14th line, read *malaria*.  
Page 112, 16th line, read as *Keyes*.  
Page 130, 29th line, read *aa gr. i.*

M.M.L. 9/24/77

# PROCEEDINGS

OF THE

# FLORIDA MEDICAL ASSOCIATION



SESSION OF 1894,



# PROCEEDINGS

OF THE

## TWENTY-FIRST SESSION

OF THE

# FLORIDA MEDICAL ASSOCIATION

HELD AT TAMPA, FLA.,

MARCH, 1894.

Jacksonville, Fla.:  
DaCosta Printing Company,  
1894.



## Florida Medical Association.

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TAMPA, FLA., March 20th, 1894.

The Twenty-First Annual Convention of the Florida Medical Association was called to order at the Hillsborough County Court-house, in the City of Tampa at 12:30 p. m., Tuesday, March 20th, 1894, by Dr. Leslie W. Weedon, chairman of the Committee on Arrangements.

Dr. Weedon introduced Dr. Robert P. Izlar of Ocala, Second Vice-President, whose duty it became, in the absence of the President and First Vice-President, to preside.

On receiving the gavel and formally declaring the association ready for the transaction of business, Dr. Izlar appointed, as the first order of business, Drs. L. W. Weedon, D. M. Smith and S. Stringer a Committee on Credentials.

The Rev. T. S. McElroy was then presented and invoked the blessing of the Almighty on the labors and deliberations of the association. The chairman of the Committee of Arrangements introduced the Mayor of Tampa, Hon. R. W. Easley, who welcomed the association to the city in the following language :

*Mr. President and Gentlemen of the Florida Medical Association:*

As Mayor of the City of Tampa, I am in the position of the host welcoming his guests; and, gentlemen, it is my pleasure to greet you, the physicians of Florida, and Tampa, with the hospitality that she has ever shown those within her gates, bids you welcome here to-day. Mr. Webster defines a physician to be "a person skilled in physics, or in the art of healing; one whose profession it is to prescribe remedies for disease;" and you, gentle-

men, representing the great brotherhood whose business it is to administer to the diseased, whose business it is to look after the health, welfare and well-being of the State, are welcome, thrice welcome to Tampa, the coming metropolis not only of Florida but of the whole South. The citizens of Tampa are proud to have you within their gates; we ask you to go with us through our fine hotels; we ask you to visit our cigar factories, where are daily employed thousands of workmen, where are daily made hundreds of thousands of cigars, that you may see the perfect sanitation of these, our largest concerns. We ask of you to go with us throughout our whole city, that you may see how well we have been educated by members of your body upon the great question of sanitation. I ask you to read the report of the health officer of Tampa for the year 1893. From that you will see that we have the healthiest city, of her size, in the United States. And we ask of you, gentlemen, that you come with us to visit our quarantine station, which stands as a sentinel to see that none pass or repass to import disease. This quarantine station, gentlemen of the Florida Medical Association, stands as a monument to the wisdom of our legislators and the Health Board of the State of Florida, and it should ever stand for all time to come to keep watch, as a watch angel, to see and guard the health, not only of Florida and of Tampa, but of the whole South. Gentlemen of the Florida Medical Association, the citizens of Tampa appreciate you individually and as a body; this State of Florida is proud of you, proud of your work, embracing as it does treatises and scientific investigations of all manner of disease. The best, the wisest, the noblest and the truest men who have lived throughout all ages, from the time of Luke, the physician, to the present, have been members of the medical profession. And now, gentlemen, I say to you that we are proud to welcome you; the freedom of the city is yours, and we say to you that we are glad to have you with us; that the citizens here will take pleasure in showing you through the city, and say that the hospitality of our citizens will be and shall be shown to you upon this occasion. (Applause).

Dr. Izlar made the following response in acknowledgement of the warm greetings extended by the citizens of Tampa :

*To the Mayor of Tampa and Dr. Weedon :*

I deem it an honor to be able to reply to your most cordial greeting in behalf of the Florida Medical Association, and I trust that we may draw inspiration from the progressive spirit of your city. Many of us have sacrificed much to be with you to-day, but not with regret; for our sacrifices decline into insignificance before your greeting. On behalf of this association I extend to you their thanks and appreciation for your welcome and bid you rest assured that when we return to our homes it will be with the most pleasant recollection of the welcome extended by Tampa, and the hospitality of her people.

In view of the proximity of the dinner hour the association then adjourned until 3 p. m.

#### AFTERNOON SESSION.

The association met at 3 p. m., pursuant to adjournment. Dr. R. P. Islar, presiding officer, presented a letter from Dr. F. H. Caldwell, President of the association, expressing regret at his enforced absence and transmitting the President's annual address, which was read and referred to Drs. J. Y. Porter, T. S. Anderson and S. Stringer as a Committee on President's Address. (Appendix No. 1).

The roll was called and the following members responded:

|                              |               |
|------------------------------|---------------|
| Dr. T. S. Anderson . . . . . | Branford.     |
| " G. H. Altree . . . . .     | Port Tampa.   |
| " W. R. Chalker . . . . .    | Lake City.    |
| " H. K. DuBois . . . . .     | Port Orange.  |
| " G. A. Dwelly . . . . .     | Tampa.        |
| " J. D. Fernandez . . . . .  | Jacksonville. |
| " R. L. Harris . . . . .     | Oakland.      |
| " R. P. Izlar . . . . .      | Ocala.        |

|                        |               |
|------------------------|---------------|
| Dr. J. M. Jackson, Jr. | Bronson.      |
| " J. A. Jackson        | Tampa.        |
| " J. D. Rush           | Apalachicola. |
| " D. M. Smith          | Jasper.       |
| " S. Stringer          | Brooksville.  |
| " C. B. Sweeting       | Key West.     |
| " Theodore Turnbull    | Monticello.   |
| " J. P. Wall           | Tampa.        |

Drs. J. A. Jackson, J. P. Wall and G. H. Altree were named as a Committee on New Members, and all applications were ordered referred to them.

The Committee on Credentials being called upon to report, Dr. Stringer, on behalf of the chairman of the committee, who was temporarily absent, stated that the committee was not prepared to report and solicited an extension of time, which was granted.

The Secretary read his report of the transactions of his office for the past year, which was closely attended to and referred to the Committee on Publication. (Appendix No. 2).

At the suggestion of Dr. J. P. Wall, the President invited the several medical gentlemen from other States present to seats on the floor.

The Treasurer submitted his report for the past twelve months, showing following summary:

|                                          |          |
|------------------------------------------|----------|
| Balance on hand, April, 1893 . . . . .   | \$717 82 |
| Collections since . . . . .              | 275 00   |
| <hr/>                                    |          |
| Making a total of . . . . .              | \$992 82 |
| Less expenditures amounting to . . . . . | 356 31   |
| <hr/>                                    |          |
| Leaving a balance on hand of . . . . .   | \$636 51 |

(Appendix No. 3). Drs. W. R. Chalker, C. B. Sweeting and G. A. Dwelly were appointed a special committee to examine and report on the condition of the Treasurer's books.

The records of the session of 1893, at Jacksonville, having been printed, the reading of the minutes was dispensed with.

The Librarian's report was read and referred to the Publication Committee. (Appendix No. 4).

The following report from the Committee on Ethics was presented, received, and ordered placed upon the record :

We, the undersigned, Committee on Ethics, appointed at the last annual session of the Florida Medical Association, and to whom was referred a certain communication from Dr. C. B. Sweeting, a member of said association and resident of Key West, in which communication the charge of "a breach of professional ethics" is preferred against Dr. A. L. Pendleton, also a member of said association and resident of Key West, do respectfully report: That the question at issue between the two members above named appears to be of a political and official nature; and while we would express our sincere regret that any misunderstanding or personal differences should have arisen between these gentlemen, both members of our profession and of this association; and while we would cheerfully do anything within our ability to aid in the re-establishment of cordial relations between them; nevertheless, we do not consider that any question of medical ethics is involved in the circumstances or evidence which have come before this committee.

R. P. DANIEL,  
R. A. LANCASTER,  
H. K. DUBoIS,  
Committee.

The Committee on Publication of the proceedings of 1893 reported as follows, which was received and ordered placed upon the record :

The Publication Committee respectfully reports that, after carefully considering and revising the material received, an edition of 500 copies of the proceedings of this association for the year 1893 was published, at a cost of \$179.56, and delivered to the Secretary for distribution.

The printing this year was given to the lowest bidder—not the printer who has usually done the work—and some very conspicuous typographical errors appeared in the book, though the proof had been carefully corrected. Owing to circumstances it was thought best to accept the work.

Respectfully submitted,

J. H. DOUGLAS,  
P. J. STOLLENWERCK,  
SOLLACE MITCHELL,  
Committee.

Reports from County Medical Societies being in order, the following were tendered, received, and ordered incorporated in the record:

LIVE OAK, FLA., March 15th, 1894.

*To the Florida Medical Association—Greeting :*

The Suwanee County Medical Association was organized January 7th, 1892, with a membership of eight. We now have a membership of seventeen, with a good prospect of growing in number and usefulness, as we have changed from a county organization to a Judicial District Society. Much good has been accomplished by intercourse and interchange of views. Also the way of collecting bills, as each member is required to furnish a list of delinquents to the society.

Very respectfully submitted,

|                                  |                                      |
|----------------------------------|--------------------------------------|
| J. W. LONG, M. D.,<br>Secretary. | T. S. ANDERSON, M. D.,<br>President. |
|----------------------------------|--------------------------------------|

OCALA, FLA., March 19th, 1894.

*To the Florida Medical Association :*

GENTLEMEN:—The Marion County Medical Society begs leave to make the following report. During the past year our membership has diminished to some extent. We have lost by death one member, by removal four members, leaving us a membership of twenty. Our meetings are well attended and harmonious feelings prevail. The prevalence of influenza in many sections of the State, its fatality in some places, and the general alarm its appearance has excited, demands our notice.

We also wish to call the attention of the association to the necessity of a regular system of vaccination. If such a system could be adopted, our State would continue to be exempt from smallpox. We do not know how soon this terrible disease may be transmitted to Florida. Should it come, the numbers of unvaccinated persons, white and colored, will lay the State open to a fearful mortality. We would suggest that health boards, physicians and intelligent laymen endeavor to instruct the masses in the importance of vaccination, and to insist on this measure being carried on throughout the State among all classes.

All of which is respectfully submitted.  
 R. P. IZLAR, M. D., W. V. NEWSOM, M. D.,  
 Secretary. President.

**REPORT OF THE ALACHUA COUNTY MEDICAL SOCIETY.**

GAINESVILLE, FLA., March 19th, 1894.

It gives us pleasure to report that the condition of our society is in every way gratifying. The membership numbers thirteen. The members are all doing good work and the utmost harmony prevails.

J. F. MCKINSTRY, Jr., J. H. HODGES, M. D.,  
 Secretary. President.

Under call for reports from the Medical Examining Boards of the several Judicial Districts only one response was elicited; the Board of the First District submitting the following:

**GENTLEMEN:**—Since our last annual report our Board has examined seven candidates for practice of medicine in Florida and rejected four of the seven. Hereafter the Board intends notifying by printed card every other Board in the State and give name and percentage of questions answered or rejected by candidate.

Respectfully,  
 C. R. OGLESBY, M. D.,  
 Secretary.

Drs. C. B. Sweeting, S. Stringer and D. M. Smith were appointed a Committee on Necrology.

The Secretary read the following "regrets:"

SANFORD, FLA., March 10th, 1894.

*To the Members of the State Medical Association of Florida:*

GENTLEMEN:—Professional duties require my absence from the State, and will prevent my meeting with you. It is a great disappointment to me, as I had anticipated enjoying with you one of our most pleasant meetings. As I know the hospitality of our Tampa friends, I know that the members of the association will ever remember with pleasure the meeting of 1894.

FRANK H. CALDWELL,  
President.

JACKSONVILLE, FLA., March 19th, 1894.

*Dr. J. D. Fernandez, Secretary Florida Medical Association:*

MY DEAR DOCTOR:—It is with sincere regret that I feel compelled by special obligation to forego the pleasurable duty of attending the annual session of our association for this year. Kindly present my regrets and express my disappointment to the association; and, likewise, convey my earnest hope that the meeting will prove most successful in work accomplished, as well as a most pleasant reunion. Believe me,

Yours sincerely,  
R. P. DANIEL.

PALM BEACH, FLA., March 19th, 1894.

*Dr. J. D. Fernandez, Secretary, Tampa:*

Regretting my inability to attend present meeting, with best wishes.

DEWITT WEBB.

The Secretary, as a member of the Committee appointed at the last annual session on the Compilation of the Constitution stated that the committee

"Have to report that only two changes have been made in your constitution since it was revised in 1888; one in regard to the annual dues, which changes the word "five" to "three," in other words, making the annual dues three dollars instead of five. The other change is to amend Section 3, Article III, of the Constitution,

which was carried at the last meeting and reads as follows:

"Permanent members shall consist of regular physicians of good standing, who are members of a properly constituted county society, or who are residents and legalized practitioners of medicine and graduates of recognized schools of medicine, of any county in which there is no medical society within twenty miles of their residence. All applications for permanent membership must be nominated by a member of the association and be elected by three-fourths of the votes present; they must pay the assessment and as soon as possible sign the constitution."

On motion of Dr. Stringer, the committee was thanked and discharged.

The Committee on Arrangements being called upon for a report, Dr. L. W. Weeden, chairman, stated that an excursion to Mullet Key Quarantine Station was planned for Thursday and extended a general invitation.

On motion of Dr. Jackson, the invitation was accepted and the thanks of the association returned for the anticipated pleasure.

The following report was submitted, and upon motion of Dr. Dubois, received and made a part of the record.

"Your Committee on Credentials beg to report that we are in receipt of notice of appointment as delegate to this convention, Dr. J. D. Fernandez of the Duval County Medical Society, also acknowledge receipt of a certificate of appointment as fraternal delegate from the State Medical Society of Louisiana, Dr. J. W. Dupree, and recommend that the convention admit these delegates from their respective societies. Your committee also suggests that the members present come forward and report their names to the Secretary.

(Signed)

L. W. WEEDON,  
Chairman.

The following communications were read by the Secretary, and, upon motion of Dr. DuBois, were referred to

a special committee. The Chair named as such com-  
Drs. DuBois, S. Stringer and G. A. Dwelly.

AMERICAN MEDICAL ASSOCIATION,  
PHILADELPHIA, PA., . . . 1893. }

*Dr. J. D. Fernandez, Secretary Florida State Medical Association:*

MY DEAR DOCTOR:—At our session, held in Milwaukee, the following were adopted :

*"Resolved,* That the respective State Medical Societies entitled to representation in this association, and through them their affiliated local societies, are hereby requested to consider the matter of revision of the Code of Ethics and report to this association at its next annual meeting; and if any alteration be deemed advisable, each State society so deciding to specially indicate the part to be changed and write out in full the new form proposed.

*"Resolved,* That the State Medical Societies in such States as do not now have legal boards for the examination of persons desiring to become practitioners in such States are requested by this association to use their influence to have the States to create such boards by statute.

*"Resolved,* That the several State Medical Societies are hereby requested to use their influence to have statutory restraint in their respective States placed upon the sale of poisonous and mischievous medicines, except when prescribed by legally qualified persons."

My dear Doctor, please acknowledge the receipt of this communication, and at the earliest moment inform me as to the action of your society.

Yours, very truly,

(Signed)

W. B. ATKINSON.

P. S.—Please inform me by return mail when and where your meeting for 1894 will be held.

NEW YORK STATE MEDICAL ASSOCIATION,  
OFFICE OF SECRETARY,  
TROY, N. Y., January 1st, 1894. }

DEAR DOCTOR:—At the recent meeting of our State association the following action was unanimously taken :  
"In reply to the notice that the American Medical As-

sociation had requested the State Medical Organizations in affiliation with that body to express their wishes in reference to any change in the Code of Ethics, the New York State Medical Association has to state, that it has made that code one of its foundation stones and that it is entirely opposed to any alteration therein. This is the result of a full consideration of the subject, and after an experience of ten years of organization under the code."

Fully realizing the importance of this subject and having weighed all the arguments advanced by the new and no-coders in the unfortunate controversy in this State ten years ago, as well as since that time, we feel a deep interest in the prospective action of the State Medical Organizations.

We believe that honest and earnest men will find no bondage in the code, but rather a banner under which to rally. I shall be glad to hear from you in reference to this matter, and the probable action of your society. I am glad to see that some of the States have already acted for the code.

Your obedient servant,

(Signed)

E. D. FERGUSON,  
Secretary, etc.

The following communication was next presented by the Secretary :

PENSACOLA, FLA., March 15th, 1894.

*Dr. J. D. Fernandez, Secretary, etc., Jacksonville, Fla.:*

DEAR DOCTOR:—The enclosed resolution was passed at a recent meeting of the Pensacola Medical Society, and the Secretary was instructed to transmit a copy of same to you, with the request that you present them to the State Association in Tampa next week. Please express my regrets to the association at not being able to attend, for I am sure the meeting will be most enjoyable.

Very truly yours,

(Signed)

J. HARRIS PIERPONT,  
Secretary.

(Copy of resolution referred to).

WHEREAS, In the opinion of the members of this society, the statutory enactments governing and regulating

school hours and attendance at our public schools, is not only irksome, but positively injurious to the youth of this State, in requiring hours of study prolonged beyond the power of human endurance, unless at the expense of mental and bodily health; therefore be it

*Resolved*, That the State Medical Association be requested to investigate this subject thoroughly, at its next meeting, and if it be found that our opinion be sustained, that it be requested through its legislative committee to memorialize the next Legislature of this State, to so amend existing laws that less harm and injury may be inflicted upon children attending public schools, than is now, in our opinion, being done.

This resolution was unanimously adopted.

Upon motion the foregoing were referred to Drs. J. M. Jackson, Jr., W. R. Chalker and T. S. Anderson as a special committee with instructions to report to-morrow morning.

Upon the reading of the following communication; it was moved that the matter be referred to the Publication Committee with power to act:

CONVERSE COLLEGE, Spartanburg, S. C.

DEAR DOCTOR:—I notice you have no "Add." in your Medical Journal. If not against your rules what will you insert in your next issue on one page this cut. It will just fill a page.

Yours truly,

(Signed)

J. WATKINS LEE.

On motion an adjournment was had until 8 p. m.

#### EVENING SESSION.

The association was called to order at 8 o'clock. In the absence of the orator, and the failure on his part to forward his address, no oration was delivered; and the association, in lieu thereof, listened to a paper entitled "Bad Pay" (Appendix No. 5), written by Dr. T. H. Moore, of Bagdad, Florida, and presented and read by Dr. Joseph Y. Porter. At the conclusion of the paper a

vote of thanks was extended to Dr. Porter for his kindness in reading the paper, and the assistance thereby rendered in promoting the exercises of the evening. The paper was referred to the Committee on Publication.

The committee selected to investigate the condition of the Treasurer's books submitted the following:

We, the Committee on Treasurer's Accounts, having examined same, have the honor to report them correct.

Respectfully,

W. R. CHALKER,

G. A. DWELLY,

C. B. SWEETING,

Committee.

Dr. C. B. Sweeting, as chairman of the Committee on Necrology, requested an extension of time in which to report. The request was granted.

The committee to whom was referred the communications from the American Medical Association and the New York State Medical Association submitted the following:

Your special committee relative to Medical Ethics, have the honor to report adversely to any radical change in whole or in part of the Code of Ethics as adopted and maintained by the American Medical Association.

That we favor legislation to control the practice of medicine in such States as have no such laws.

That we favor the enactment of proper laws to control the sale of poisonous and mischievous medicines.

Respectfully,

H. K. DUBoIS,

S. STRINGER,

G. A. DWELLY.

Dr. Anderson moved that the report be received and the Secretary instructed to communicate with the correspondents referred to above, and inform them of the action of this association. Carried.

Dr. Porter: I think it is a rather timely suggestion

on the part of the American Medical Association that they should ask of the different State societies to revise the Code of Ethics of the Medical Association. There are certain laws laid down in the code that are never carried out, that are dead letters, and why they should lumber up the rules of professional practice and deportment of physicians to each other and their patients, I cannot see. I think it is quite a timely suggestion from the Medical Association and one for our organization to consider. I intended to ask to have the matter deferred until to-morrow morning. I should like to have my vote recorded "No."

Dr. DuBois moved a reconsideration of the matter.  
Carried.

Considerable discussion ensued and the consideration of the acceptance of the report of the committee was made a special order of business for to-morrow morning.

The committee charged with the consideration of, and report on, the resolution submitted by the Pensacola Medical Society regarding the hours of public attendance by the youth of the State reported :

Your committee would recommend that the school day be limited to five hours of actual school work, with an intermission of one hour.

J. M. JACKSON, Jr.,  
T. S. ANDERSON,  
W. R. CHALKER,  
Committee.

Dr. Porter : I would like to ask Dr. Jackson if any distinction in regard to age of scholars was made in that report?

Dr. Jackson : No, sir ; we left that point open for discussion to-night by the association. While that is the report of the committee, I favor a still shorter time for small children.

Dr. Porter : A great deal may be said on this question of school hygiene and the care of children in regard to the sanitary methods adopted for their education. The environment of a child ; the methods employed in teach-

ing; the facilities of instruction in matters of school rooms, recitation rooms, etc.; all these things come about properly in considering the time limitation for a scholar to be confined in the building or at his work. I merely throw these out as hints.

Dr. DuBois: I think it would be well to postpone this discussion until to-morrow morning.

The President: I will state gentlemen that we have a great deal to do to-morrow ; several papers to listen to and discuss, reports of numerous committees, election of officers, appointment of committees, in fact it will take up all of to-morrow to accomplish these by hard work and if this question can be discussed to-night I think it would be well. It is only half past 9 o'clock, and I think it would be well to proceed with this matter.

Dr. T. S. Anderson: I was on that committee and I was opposed to any change in the length of time. As Dr. Porter states, there are a great many things to be taken into consideration. About the difference in time for the children to be kept in the school-house, sanitation, etc.; but that resolution does not have anything to do with the children, it just lengthens the time a man has got to teach. I was opposed to shortening ; I think six hours is plenty short enough. If we make the time less, the teachers try to crowd in and get through in the first part of the day and the child is studying more continuously on four hours than on six and I cannot see wherein it would benefit the children of Florida one iota, but is all in favor of the teachers. I would have brought in a minority report, if we had not compromised the matter on five hours instead of four.

Dr. Jackson: This is a matter which has been pretty well discussed in our leading medical journals. We know that four hours is generally considered quite long enough to keep a child in the school-room. If the gentleman will take time to notice—and probably as he is an elderly man and a man of family he will have noticed—he will see a very tired looking set of children, they are worn out; the last few hours spent in the school-room they sit there and do very little studying. I for one am

opposed to long school hours; it was a compromise report. I was very much in favor of four hours instead of six as I think much more good can be accomplished. I know where they have a good number of children and where the time is short they may gain something by these long hours; the children are very stout and healthy, but take it in the towns of our State where the children have very little exercise, and to confine a child not less than five hours you will find a child that becomes physically and mentally not as bright as it would be were these hours only four.

Dr. Porter: Therefore it resolves itself into making the school hours according to the age of the child. Four hours would be exceeding long for five or six year old children, but scarcely anything to a youth of sixteen or seventeen; and while we are on this subject it would be, it seems to me, as well to express an opinion as to the proper school age of children, that is the age at which children should be sent to school primarily. I do not know whether the law specifies the age or not.

Dr. Jackson: It does, Dr. Porter; it says six years.

Dr. Anderson: That is the law; not less than six years.

Dr. Weedon: It would seem, Mr. President, to be a very nice thing regarded theoretically, but practically it will not work at all to say that this one can go at such an hour and that one at such a time. In a mixed school they all have to stay the same length of time and then be dismissed. If it is detrimental to the health of the children who attend school it is not the fault—I do not think it can be charged to the number of hours that child is in school. It is all right enough to say that they are there four hours studying, but they do not study all that time. If the object of that resolution is to relieve a strained condition it should be sought in the amendment of the school-room. Legislate in regard to structure of the building, teaching, matters of ventilation and all that and leave the child alone; six hours out of twenty-four at school is not too much, provided the child's environments are as they should be. You should see them after they are turned out from our schools

here and you would not be impressed with the idea that the school children here were ever exhausted.

Dr. Fernandez: So far as to not taking one child out at one time and another of a different age at another time most schools are so graded as to admit of this. Take the grammar school at Jacksonville; they are graded from one to seven and in Duval county the fifth and sixth grades are allowed to go home earlier than the other grades. How it is down in this county I do not know, of course; the doctor here (Anderson) tells me it is pretty much the same.

Dr. Weedon: My information on that may be erroneous, but I do not think that obtains in the ordinary country schools and the town schools in this section of the State. They nearly all attend the same school, taken in and dismissed at the same time. It may be in Jacksonville, where Dr. Fernandez lives, but I know they all take in and let out at one time here, and I believe that obtains throughout the county.

Dr. Stringer: I am an advocate of letting the law remain as it is. School teachers, like all other sensible men, should be allowed a certain amount of discretion. Because the law says he shall teach six hours a day, it does not make the entire conduct of his school arbitrary; it leaves him some discretion. In regard to the suggestion made by Dr. Porter, it seems to me that we are all pretty much of the same opinion, that the larger scholars are better able to remain there six hours. I do not think there is a public school in the State that does not give the teacher a certain amount of discretion. All the public schools with which I am acquainted give the smaller children intermissions, and I think we are tampering with a thing that is already adjusted. I, therefore, would recommend that this question be recommitted, and that the committee be instructed to bring in a report in accordance with that view, and that we make no recommendation as to a change in the law as it now stands. I was going to draft a resolution and offer it in lieu of the report, but, perhaps, it will be better to recommit it, and let the committee bring in a report as instructed. It seems to me it would be wrong for us to make any recommendation in the

matter, knowing that teachers have a certain margin of discretion; and I believe that it is an authority that should belong to them. I think the teachers have discretion. We all know the younger children are dismissed long before the others, and the teachers are supposed to regulate these matters.

Dr. Rush: I second Dr. Stringer's motion.

The motion that the report be returned to the committee and the committee be instructed to bring in a report in accordance with the law, being put, was carried.

The committee appointed to supervise the election of new members requested further time, and were granted until the morning to make their report.

On motion of Dr. Weedon, the association adjourned until to-morrow at 9 o'clock a. m.

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TAMPA, FLA., March 21, 1894.

The association was called to order promptly at nine o'clock by Dr. R. P. Izlar, the presiding officer. The minutes of the three sessions held yesterday were read and approved.

Drs. J. H. Hodges and F. M. Phillips of Gainesville, tendered, through their fellow-townsman, Dr. R. A. Lancaster, their deep regret that business prevented their attendance during the session of the association at Tampa.

Dr. G. A. Dwelly proposed that Dr. W. P. Lawrence, formerly a member of the association, be re-elected to membership without other formality. It was decided that such a course was unconstitutional, and that the only manner in which to proceed was for the gentleman to present his application for membership to the Committee on Membership, when the matter would be properly brought before the convention.

The Committee on Necrology, Dr. C. B. Sweeting, chairman, reported as follows:

WHEREAS, It has pleased Almighty God, in His infinite wisdom to remove from our midst the following named doctors, viz :

Dr. Joseph A. Pacetti, of Jacksonville, Fla.  
Dr. Edwin Mason Alba, of St. Augustine, Fla.  
Dr. A. A. Gillis, of Pensacola, Fla.  
Dr. R. B. S. Hargis, Pensacola, Fla.  
Dr. D. J. McRae, Sanford, Fla.  
Dr. J. C. Preston, of Dade City, Fla.

Therefore, be it

*Resolved*, By this association now in session, that it is difficult to find words suitable to express our kindly regard and esteem for our deceased friends and brother associates who have gone to that "bourne from which no traveller returns" where their earthly labor is ended. May they enter into an eternal rest.

*Resolved*, That it is the wish of this association that these names be inscribed upon the pages of our records, among the names of those of our members who have died in the faithful discharge of duty.

Respectfully submitted,  
C. B. SWEETING, Chairman.  
S. STRINGER,  
D. M. SMITH.

The report was accepted and ordered embraced in the record of the meeting.

The Secretary directed attention to the resignation of Dr. Manuel Fraga of Key West, whose name was referred to the Committee on Ethics at the last annual session to investigate charges (whereof a full report is made in the last issue of the "Proceedings") and stated that under the constitution no member could resign while there were charges pending against him. On motion of Dr. DuBois, the matter was referred to a special committee composed of Drs. J. M. Jackson, Jr., H. K. DuBois and R. A. Lancaster.

Dr. J. P. Wall, chairman of Committee on Admission of New Members, reported the following applications :

|                             |           |
|-----------------------------|-----------|
| C. B. McKiunnon . . . . .   | Pensacola |
| H. H. Stebbins . . . . .    | Tampa     |
| W. B. Rush . . . . .        | Oakland   |
| J. G. Barnett . . . . .     | Key West  |
| José Clark . . . . .        | Key West  |
| Francis M. Wilson . . . . . | Bartow    |
| Bailey F. Julian . . . . .  | Archer    |
| J. W. Douglas . . . . .     | Tampa     |
| A. M. Steen . . . . .       | Palatka   |
| Luby S. Smith . . . . .     | Arcadia   |
| John L. Davis . . . . .     | Dunellon  |
| W. P. Lawrence . . . . .    | Tampa     |
| L. S. Oppenhiemer . . . . . | Bartow    |

On motion of Dr. DuBois the report was accepted. The association then proceeded to an election by ballot, and the above named gentlemen were admitted as members of the association, with the exception of Drs. Oppenhiemer and Julian, whose applications were withdrawn; the latter by reason of his application for membership in the Alachua County Medical Society not having as yet been acted upon. By motion, however, Dr. Julian was accorded all privileges of the floor.

Dr. J. M. Jackson, Jr., as chairman of the committee to whom was referred Dr. Fraga's resignation, submitted the following :

Your special committee to which was referred the resignation of Dr. Manuel Fraga, would state in view of the fact that there were charges preferred against him at the last annual meeting, which were overlooked by the Committee on Ethics, that his resignation cannot be accepted under Article XIII of the Constitution, and recommend that said charges be again referred to the Committee on Ethics with instructions to report at the next annual meeting.

J. M. JACKSON, JR.,  
R. A. LANCASTER,  
H. K. DUBOIS,  
Committee.

Dr. Lancaster explained why the Committee on Ethics had failed to consider the charges against Dr. Fraga, and, on motion of Dr. R. T. Walker, the report of the committee was accepted.

The gentlemen to whom was recommitted the resolution submitted by the Pensacola Medical Society, looking to the shortening of the school hours of the State, reported as follows:

Your committee, in accordance with the instructions of this association, beg leave to report that we deem any change in the present school law as inexpedient.

J. M. JACKSON, JR.,

T. S. ANDERSON,

W. R. CHALKER,

Committee.

Dr. Lancaster moved that the report be accepted and the committee be thanked for their obedience to the sense of the association. Carried.

The Committee on Ethics, who were charged with the consideration of the proposition of the American Medical Association as to changes in the Code of Ethics, reported that they were prepared to submit the matter, but at the request of Dr. Porter it was deferred and made a special order of business for the afternoon session.

Dr. Porter, as chairman of the Committee on President's Address, presented the following:

Your committee, to whom has been referred the President's Address, desire to say that we have carefully read the same and commend it for its brevity and conciseness in furnishing thought on many interesting and instructive topics, without surplus verbiage and superfluous detail.

Legislation and Necrology appear to your committee the themes of the address mainly to be considered, and it is recommended that the portions devoted to the consideration of these subjects be referred to the special committees of the association.

Your committee is entirely in accord with the views expressed regarding the necessity for more closely guarding the lives of future mothers of this State, by requiring certain qualifications from those intending to practice midwifery, and endorse and commend the suggestions. The Legislative Committee might be required to draft and submit, at this session, a measure which shall secure, if enacted by the Legislature of the State, the end desired.

Respecting the addition of the subject of Materia Medica and Therapeutics to the requirements of examining boards, to license to practice of medicine in this State, your committee is of the opinion that, in view of the recognition by law of other schools of medicine fixing their legal status, it would not be wise to interject the subject of medication in any manner into the demand for proficiency to practice, feeling confident that a reference to this subject will evolve considerable opposition, which might tend to the total destruction of those measures we now have, which, although not perfect in themselves, restrict largely illegal practicing of medicine with fraud and imposition on the public.

Your committee, however, strongly recommends the suggestion of the President as to the necessity for a uniform standard and requirement of applicants by Examining Boards, which will, we feel assured, tend to lessen, if not obliterate, many of the vexing and inconsistent features of the present legislation.

We are also in accord with the suggestion of the President that diplomas from schools of medicine requiring a three year, or longer, course of attendance, should be sufficient evidence of qualification without further examination.

Respectfully submitted,  
J. Y. PORTER,  
T. S. ANDERSON,  
S. STRINGER,  
Committee.

The report was received and committee discharged.  
The reading of papers being the next order of business and the contribution of Dr. C. Drew of Jacksonville,

on "Ophthalmia Neanatorum, and Legislation for the Prevention of Blindness," (Appendix No. 7), being the first on the program, and the author being absent, it was proposed, as has heretofore been customary, to read it by title and refer it to the Publication Committee, but, at the suggestion of Dr. J. M. Jackson, Jr., that such a course was one of the causes of the present scarcity in papers, it was decided to have it read, and Dr. Lancaster kindly consented to voice its contents. At its conclusion it was discussed and referred to the Committee on Publication, and Dr. Lancaster was thanked for his kind offices.

The reading of the paper suggested to Dr. Jackson, a matter that had been referred to by the President in his report and touched upon by the committee to which said report was referred—namely, the need of legislative action looking to the improvement of practice of midwifery in the State. Dr. Jackson's remarks and motion to have a committee appointed to draft a bill of the character intimated, evoked a prolonged discussion and resulted in the appointment of Drs. J. M. Jackson, Jr., R. A. Lancaster and R. B. Burroughs to take the matter under advisement and report.

The Committee on Credentials submitted the following report:

Your Committee on Credentials desire to make a supplementary report and acknowledge the receipt of certificates of appointment as delegates to this Convention of Dr. R. B. Burroughs, of the Duval County Medical Society, and Dr. R. A. Lancaster from the Alachua County Medical Society. We recommend for these gentlemen the proper courtesies.

L. W. WEEDEN,  
Chairman.

The reading of papers was resumed and the next, entitled "Treatment of Patients Before and After Capital Surgical Operations with Report of Case of Progressing

"Traumatic Gangrene" (Appendix No. 8), by Dr. R. P. Izlar of Ocala, engaged the attention of the Convention, and on motion of Dr. DuBois, it was referred to the Publication Committee.

Dr. Stringer then read a "Report of Two Cases of Foreign Bodies in the Air Passages" (Appendix No. 9), which was listened to with marked attention, and at its conclusion committed to the Publication Committee.

Dr. J. D. Rush, of Apalachicola, read a paper entitled "A Case of Obstetrics" (Appendix No. 10), which was also attentively received and referred to the Publication Committee.

In the absence of Dr. R. T. Walker, of Cedar Key, the consideration of his paper on "Hygiene at Home" was deferred until the afternoon session. Under this section, however, Dr. J. L. Horsey, of Fernandina, presented a paper on "Consumption" (Appendix No. 11), which evoked prolonged and animated discussion.

The hour for dinner having arrived, the discussion was suspended until the afternoon session, and a motion to adjourn until 3 p. m. was adopted.

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#### AFTERNOON SESSION.

The association proceeded to business promptly at 3 p. m.; an application for membership by Dr. G. H. Symmes being the first matter on the calendar. In view of Section 1, Article III, of the Constitution, that no name be acted upon the day of presentation, no action could be taken. The minutes of the morning session were read, corrected and approved.

Dr. J. M. Jackson, Jr., chairman of the committee appointed to consider the matter of presenting a bill to the Legislature soliciting statutory enactment respecting

the class of females practicing midwifery in the State, submitted the following minority report:

**An Act to Regulate the Practice of Obstetrics in the State of Florida.**

*The people of the State of Florida represented in Senate and Assembly do hereby enact as follows:*

**SECTION 1.** It shall be the duty of all persons practicing obstetrics as a midwife only, within six months after the passage of this act to present themselves to the Medical Examining Boards of their several judicial districts, who shall examine them as to their intelligence and proficiency in practicing obstetrics as what is commonly known as midwives. It shall be the duty of the several examining boards to furnish such as pass satisfactory examinations with certificates which shall allow holder of same to practice obstetrics as midwives in the State of Florida. It shall be the further duty of said examining boards to instruct said licentiates in such matters as they deem advisable.

**SEC. 2.** It shall be the duty of said midwives to report to the State Board of Health in accordance with the rules and regulations of said Board of Health; said Board furnishing them with such literature as it may have and which may be instructive and beneficial to said midwives.

**SEC. 3.** Any person or persons violating the provisions of this act shall be fined not exceeding two hundred dollars or imprisoned in the county jail for sixty days, or both, at the discretion of the court.

Your committee believe that the efficiency of the present law regulating the practice of medicine, etc., would be much enhanced by changing it so as to have one board with a member from each judicial district instead of the seven district boards with as many different standards as at present; said members being authorized to grant temporary certificates for their several judicial districts to last till the next meeting of the examining board.

As to the recommendations of the President in rela-

tion to tuberculosis, we deem the powers of the State Board of Health at present ample to deal with this question.

Respectfully submitted,  
(Signed) J. M. JACKSON, JR.

Dr. R. A. Lancaster submitted the following as representing the opinion of a majority of the committee:

A majority of your committee whilst deprecating the ignorance and inefficiency of a majority of the midwives in our State and approving of any efforts on the part of our State Board of Health to instruct them in the importance of asepsis, deem it inexpedient at this time to ask of our Legislature the enactment of any law bearing upon the question of midwifery or of the treatment of ophthalmia neanatorum.

Your committee believe that the efficiency of the present law regulating the practice of medicine would be much enhanced by changing it so as to have one board, with a member from each judicial district instead of seven distinct boards with as many different standards as at present, said members being authorized to grant temporary certificates to last until the annual meeting of the examining board.

As to the recommendations of the President in relation to tuberculosis, we deem the powers of the State Board of Health at present ample to deal with this question.

Respectfully submitted;  
R. A. LANCASTER,  
R. B. BORROUGHS,  
Majority Committee.

The acceptance of one or the other of the two reports resulted in a lengthy discussion, terminating finally in the adoption of the minority report. On the acceptance of the said report Drs. Lancaster and Burroughs begged to be relieved from further duty on the committee and discharged, as they could not consistently continue thereon and properly perform the functions devolving upon them, when they were not in sympathy with its premises. Drs. L. W.

Weedon and Joseph Y. Porter were named to fill places, and, on motion of Dr. Lancaster, they were given full discretionary power to act.

The question of a change in the Code of Ethics as proposed by the American Medical Association, which had been deferred consideration as a special order of business, from time to time, was taken up, and, upon motion of Dr. Joseph Y. Porter, was laid upon the table.

The discussion of Dr. J. L. Horsey's paper on "Consumption" was then resumed. The discussion was greatly prolonged, and participated in by most of the gentlemen present, and throughout engaged the closest attention of all the members. At its conclusion it was referred to the Committee on Publication.

Dr. Walker's paper on "Hygiene at Home" being the next order of business, he begged to be excused, as he had only conditionally promised the chairman of the Section on Hygiene to prepare a paper, and he had been debarred by press of other matters.

At the request of the association, Dr. J. M. Jackson, in the absence of Dr. J. H. Douglas of Jacksonville, read the latter's paper on "Digestion and Indigestion of Infancy." (Appendix No. 12). The thanks of the association were extended the author for his paper and to Dr. Jackson for reading same and the paper was referred to the Committee on Publication.

Dr. W. P. Lawrence entertained the association with a paper, entitled "A Case of Continued Fever with Post-mortem." (Appendix No. 13). This paper was freely discussed and referred to the Publication Committee.

The association then proceeded to the election of officers, and Drs. R. P. Izlar of Ocala, J. D. Rush of Apalachicola and L. W. Weeden of Tampa, were placed in nomination for the presidency. A ballot resulted in the election of Dr. Rush.

Dr. L. W. Weedon of Tampa, was selected by acclamation for First Vice-President, and Dr. Theodore Turnbull of Monticello, for Second Vice-President.

Balloting on the place for the next meeting—Gainesville and Sanford having extended invitations—resulted in the choice of Gainesville. On motion of Dr. Lancaster it was decided to hold the next annual meeting on the third Tuesday in April, 1895.

The association then adjourned subject to the call of the President on the morrow.

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Thursday, March 22d, 1894.

The association was called to order at Mullet Key Quarantine Station, Tampa Bay, at 3 p. m., by the President-elect, Dr. J. D. Rush, in accordance with the adjournment of the previous day.

The minutes of yesterday were read and approved

The application of Dr. G. H. Symmes of Peru, for admission to membership, which had been presented on Wednesday, was taken up as the first order of business, and the ballot resulted in his election. The name of Dr. Gowman was also submitted and he was likewise unanimously elected.

The President announced the appointment of the following committees for the ensuing year:

Chairmen of Sections—

|                       |                              |              |
|-----------------------|------------------------------|--------------|
| Medicine . . . . .    | Dr. C. B. Sweeting . . . . . | Key West     |
| Surgery . . . . .     | Dr. F. H. Caldwell . . . . . | Sanford      |
| Hygiene . . . . .     | Dr. J. L. Horsey . . . . .   | Fernandina   |
| Gynecology . . . . .  | Dr. S. Stringer . . . . .    | Brooksville  |
| Diseases of Child'n . | Dr. R. H. Dean . . . . .     | Jacksonville |

Committee on Publication—Drs. R. P. Daniel, F. D. Miller and J. H. Douglas.

Committee on Ethics—Drs. J. P. Wall, J. H. Hodges and R. T. Walker.

Committee of Arrangements—Dr. R. A. Lancaster of Gainesville, with power to add.

Orator—Dr. J. H. Hodges of Gainesville.

Delegates to American Medical Association—Drs. J. D. Fernandez of Jacksonville, J. M. Jackson, Jr., of Bronson, W. L. Moore of Tallahassee, M. T. Alexander of Apalachicola, R. P. Izlar of Ocala, R. D. Murray of Key West, R. L. Harris of Oakland, W. R. Chalker of Lake City, C. Drew of Jacksonville, R. A. Lancaster of Gainesville, T. S. Anderson of Branford, and N. D. Phillips of Gainesville.

Dr. J. M. Jackson, Jr., of Bronson, proposed the following resolution, which was unanimously adopted:

*Resolved*, That the sincere thanks of this association be tendered to Dr. Leslie W. Weedon, chairman of the Committee of Arrangements, and the physicians of Tampa, for the elegant manner in which we have been entertained, and the enjoyable excursion so kindly provided for our pleasure. To Dr. Joseph Y. Porter, State Health Officer, and Hon. W. B. Henderson, President of the State Board of Health, for so courteously showing us the operation of the Mullet Key Quarantine Station and Hospital; to the ladies who accompanied us on the excursion and added so very much to its enjoyment; and to the railroads and hotels for reduction in rates.

President Rush said:

*Ladies and Gentlemen of the City of Tampa*: I take great pleasure, as President of this association, in announcing to you all the hearty thanks of this body, collectively and individually, for the happy occasion which you have given us. We sincerely appreciate the kindness we have received at your hands, and we trust that our coming together may prove of benefit to each other, and the knowledge we are seeking to acquire for the good of our race may be seen in the days to come.

Dr. Coleman, one of the visiting gentlemen from the Northwest, arose and made the following remarks:

*Mr. President, Ladies of Tampa and Gentlemen of the Florida Medical Association:*

If it is in order, I should like to tender our sincere thanks for the courtesies extended to us while with you. We feel grateful for having the privilege of meeting with you on such an interesting occasion to us medical men. I speak in behalf of Dr. Gabel of Aurora, Ill., Dr. Humston of Goodland, Ind., and the company with me. I must assure you that we appreciate it highly and we have been delighted, not only with the excellent program that you had during your meetings, but we have been agreeably disappointed with the class of men whom we have met here. We always had a high appreciation of the medical profession of the South, but I assure you as our first experience with you in your actual work, we have been agreeably disappointed. It is beyond what we might have expected. You have not had those opportunities which are to be found at the North, being separated and at great distance, having few large cities in the States as we have, where medical advantages are greater, where competition is greater, where steel cuts steel more frequently than it has to in the State of Florida, I must say to you that we are delighted with what we have seen. I want to say that to the chairman of the Board of Arrangements we extend our hearty thanks for this visit here to-day; we might call it a picnic. It has been a great pleasure and will be long remembered by us. Some time in the future I hope we may have an opportunity to reciprocate. If any of you ever visit the States of Iowa, Illinois and Indiana, I must say to you that we will treat you the best, to the very best of our ability, and remember that the latch-string is out and we are at your bidding.

On motion of Dr. R. P. Izlar, the association then adjourned until the third Tuesday in April, 1895, at Gainesville.

Jos. D. Rush,  
President.

J. D. FERNANDEZ,  
Secretary.

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## **APPENDIX**

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NO. 1.  
**PRESIDENT'S ADDRESS.**

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GENTLEMEN:—Conformity to the custom that attaches to the position which, by your partiality, I have had the honor to hold for the past year, requires that I should address on this occasion. Could I have consulted my own wishes, I would not have consumed any of your valuable time. But I cannot disregard the usage that is co-eval with the existence of such an organization.

Before directing your attention to some practical questions which, in my opinion, demand some action on our part, I desire to convey to this association my appreciation of, and gratitude for, the high honor you so generously bestowed on me. I congratulate you on the prosperous condition of our association, in which discord has not found a place. Harmonious co-operation will assure prosperity and longevity, and the work already accomplished presages a future of great usefulness.

A glance backward along the history of our beloved science shows strange and marvelous changes in the ideas held in the past, and the knowledge of to-day. Action in the fulfillment of idea, and in, consequence, methods and results differ as widely to-day as do the beliefs of a former age. It took centuries for our science to emerge from its envelope of superstition and semi-religious surroundings. Its course is a series of erratic leaps from one delusion to another, but always upward and onward. It has left black clouds of ignorance and superstition below, and is always rising toward the disinfecting sun of science.

Who can doubt the benefits of preventive medicines, the saving power of sanitation, and the numberless diseases it strangles at birth? The obliteration of filth and putrescence not only benefits the adjacent community, but will in time stamp out the dependent diseases in the world. The benefits of the quarantine are too recent and evident to be doubted; but for intelligent restriction, that Asiatic monster, born in ignorance and dirt, the cholera,

would be eating us up to-day. Yellow fever epidemics, with all of their distressing consequences, would be of yearly occurrence.

In guarding against these diseases, whose period of incubation is of short duration, I fear many of us have lost sight of a disease which is equally contagious (though the period of incubation be longer) and more fatal than either cholera or yellow fever. I refer to pulmonary tuberculosis.

I had intended to have written freely on this subject, but the State Health Officer has anticipated me. The November (1893) number of "Health Notes" is largely devoted to the consideration of this disease, and, no doubt, every physician in the State has read carefully, and filed away for reference, this issue of the "Notes." However, the subject is one of such interest, and of so great importance, not only to the medical profession, but to each and every citizen, not alone of Florida, but of every State in the Union, that I cannot refrain from dwelling upon it at some length, even if I weary you.

In my opinion, each one of us should have ever before him the resolutions of Dr. McCormick, adopted by the International Congress of Hygiene.

Our association could consistently urge legislation on sections 4, 5 and 6 for the prevention of pulmonary tuberculosis.

Section 4 provides for the inspection of dairies and slaughter houses, and for the extermination of tuberculosis among dairy cattle.

Section 5 prohibits the sale or donation of objects that have been in use by consumptives, unless they have been thoroughly disinfected.

Section 6 I consider of the utmost importance, especially in Florida. It provides for compulsory disinfection of hotel rooms, sleeping-car berths and steamer cabins which have been occupied by consumptives before other persons are allowed to occupy them.

I had the pleasure of hearing Dr. G. P. Conn, of Concord, N. H., read a paper on this subject before the New York Association of Railway Surgeons. He recommends a hospital car, to be used on trains making long runs, in which invalids should be required to ride. This would

be an admirable plan, and, no doubt, will, at some future date, be put in operation; but the public will have to be educated to that point where the healthy traveler, either for business or pleasure, will protest as loudly and effectively against contact with consumptives as he would now if forced to ride in the same coach or cabin with a person who has smallpox or yellow fever.

The State Board of Health of Michigan has placed pulmonary tuberculosis upon the list of contagious diseases, and cases are to be reported and placarded as other contagious diseases are. Would that the Boards of Health of other States had their courage, and would "go and do likewise."

There are some defects in the law regulating the practice of medicine, which should be remedied.

The most prominent defect is the failure to require those women, both white and colored, who desire to practice midwifery to pass an examination as to their general proficiency for such work, and to be registered.

*Materia medica* and the practice of medicine should be added to the list of subjects applicants for licenses are to be examined upon.

A uniform percentage of proficiency should be required. An applicant who failed before the Board of the Seventh District applied to another board, was granted a certificate, and is now practicing within the jurisdiction of the Seventh District.

That portion of Section 12 which requires applicants to produce a diploma from a medical college recognized by the American Medical Association should be repealed, as the association recognizes no college. The boards should be permitted to decide upon the merits of a college as does the Illinois Board.

The Examination Boards should be permitted to grant certificates without examination to applicants who have passed before boards of other States and produce certificates from such boards.

I respectfully recommend that this association pass a resolution formally requesting the State Association of Homeopathic Physicians to appoint a legislative committee to confer with a like committee from this association, and that this joint committee be instructed to draft a bill

revising the present law regulating the practice of medicine in this State, and that the revised bill be presented, and, if possible, passed during the coming session of our Legislature. Provision should be made for the expenses of such committee.

The "Grim Reaper" has laid a heavy hand upon us. Since our last meeting Divine Providence has removed some our oldest and most honored members. Your committee will give that honor to our absent brethren that they so richly deserve. They are at rest. By and by our summons will come; may we be as ready to obey.

Dr. R. B. S. Hargis, president in 1882, died at Pensacola, November 30, 1893.

Dr. D. J. McRae died at Sanford, May 20, 1893.

Dr. A. A. Gillis died at Pensacola, December 30, 1893.

Dr. Jos. A. Pacetti died at Jacksonville, January 12, 1894.

Dr. Jno. C. Preston died at Dade City, February 4, 1894.

FRANK H. CALDWELL,  
President.

SANFORD, FLA., March 12, 1894.

**NO. 2.**  
**SECRETARY'S REPORT.**

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JACKSONVILLE, FLA., March, 1894.

*To the President and Members of the Florida Medical Association :*

GENTLEMEN:—Within a few days after our adjournment at Jacksonville of our last meeting, I had a thousand copies of the report of the Special Committee on Ethics and the essential points on the law regulating the practice of medicine in the State, printed as per resolution of the association (see pages 26 and 30, proceedings 1893), and distributed 600 of the same. Have given a large number to members of the different Examining Boards, as parties wishing to come into the State are constantly writing about the law.

Copies of the resolution offered by Dr. Daniel (see page 31), were promptly sent to the Governor of Florida, and likewise to our Senators and Representatives in Congress.

The minutes of the session were worked up as rapidly as possible, and placed in the hands of the Publication Committee by the 1st of May, and on the 28th of June I received 500 copies of the Proceedings and distributed the same at once.

We exchanged with nineteen national and forty-four State associations. Our Librarian has been trying to complete the files and the various associations are very kind in sending missing numbers.

So far as I have been able to learn, we have lost eight members by death from our association, two honorary and six active: Drs. W. A. Spence and J. D. Mitchell (honorary members), of Jacksonville; Dr. J. A. Pacetti, of Jacksonville; Drs. A. A. Gillis and R. B. S. Hargis, of Pensacola; Dr. E. M. Alba, of St. Augustine; Dr. J. C. Preston, of Dade City; Dr. D. J. McRae, of Sanford.

I have endeavored to put together what facts I could relative to the memories of our deceased brethren, and

will turn them over to the Committee on Necrology when appointed by the Chair.

In January I notified the chairmen of the several sections of the approaching meeting and requested them to send me the titles of papers for the coming meeting.

On the 1st of March I issued the annual circular and mailed a copy to each of the members of the association.

The scarcity of papers at this annual meeting is unfortunate, and I am satisfied the chairmen of the various committees did their best to increase the number, still it is unfortunate, as it shows we are not keeping abreast of our sister State associations. I have tried, as secretary, to prevail upon some of the members to write a paper and go to the meeting. The one answer was that the meeting was so early in the year—just at the busiest season—that they could not attend the meeting, and would not write a paper and simply have it referred to the Committee on Publication, as they would not be present to read it. So we had better have our meetings later if we wish more papers and a larger attendance.

Respectfully submitted.

J. D. FERNANDEZ,  
Secretary.

**NO. 3.**  
**TREASURER'S REPORT, 1893.**

DR.

|                                                     |       |    |
|-----------------------------------------------------|-------|----|
| To balance cash on hand last report of Apr. 5, '93, | \$717 | 82 |
| To ann. dues, Dr. J. S. Herron, 1892 . . . . .      | 5     | 00 |
| "    "    "    H. K. DuBois, 1892 . . . . .         | 5     | 00 |
| "    "    "    W. M. Ellis, 1891 and 1892 . . . . . | 10    | 00 |
| "    "    "    King Willy, 1893 . . . . .           | 3     | 00 |
| "    "    "    R. L. Harris, 1892 . . . . .         | 5     | 00 |
| "    "    "    H. F. Airth, 1892 . . . . .          | 5     | 00 |
| "    "    "    N. A. Williams, 1892 . . . . .       | 5     | 00 |
| "    "    "    R. C. White, 1892 . . . . .          | 5     | 00 |
| "    "    "    E. L. Stewart, 1893 . . . . .        | 3     | 00 |
| "    "    "    J. M. Thompson, 1891 and '92         | 10    | 00 |
| "    "    "    W. R. O'Veal, 1892 . . . . .         | 5     | 00 |
| "    "    "    C. B. Sweeting, 1893 . . . . .       | 3     | 00 |
| "    "    "    W. R. Chalker, 1893 . . . . .        | 3     | 00 |
| "    "    "    J. M. Jackson, Sr., 1892 . . . . .   | 5     | 00 |
| "    "    "    J. M. Jackson, Jr., 1892 . . . . .   | 5     | 00 |
| "    "    "    G. W. Strickland, 1893 . . . . .     | 3     | 00 |
| "    "    "    Orlando S. Clyatt, 1893 . . . . .    | 3     | 00 |
| "    "    "    W. H. Cyrus, 1893 . . . . .          | 3     | 00 |
| "    "    "    Geo. E. Welch, 1893 . . . . .        | 3     | 00 |
| "    "    "    W. L. Moor, 1893 . . . . .           | 3     | 00 |
| "    "    "    M. R. Gibbens, 1893 . . . . .        | 3     | 00 |
| "    "    "    J. D. Rush, 1893 . . . . .           | 3     | 00 |
| "    "    "    M. T. Alexander, 1893 . . . . .      | 3     | 00 |
| "    "    "    C. R. Oglesby, 1893 . . . . .        | 3     | 00 |
| "    "    "    J. Harris Pierpont, 1893 . . . . .   | 3     | 00 |
| "    "    "    R. A. Lancaster, 1893 . . . . .      | 3     | 00 |
| "    "    "    J. V. Harris, 1893 . . . . .         | 3     | 00 |
| "    "    "    J. H. Hodges, 1893 . . . . .         | 3     | 00 |
| "    "    "    J. N. D. Cloud, 1892 . . . . .       | 5     | 00 |
| "    "    "    Danl. M. Smith, 1892 . . . . .       | 5     | 00 |
| "    "    "    Chas. T. Henderson, 1893 . . . . .   | 3     | 00 |
| "    "    "    J. Calhoun Preston, 1893 . . . . .   | 3     | 00 |
| "    "    "    Thos. S. Anderson, 1893 . . . . .    | 3     | 00 |
| "    "    "    Robt. R. Grant, 1893 . . . . .       | 3     | 00 |
| "    "    "    Henry S. Coleman, 1893 . . . . .     | 3     | 00 |

|                                              |          |
|----------------------------------------------|----------|
| To ann. dues, Dr. A. D. Williams, 1893 . . . | \$3 00   |
| "    "    Theodore Turnbull, 1892 . . .      | 5 00     |
| "    "    Sheldon Stringer, 1893 . . .       | 3 00     |
| "    "    G. H. Alltree, 1893 . . .          | 3 00     |
| "    "    J. M. Samuel, 1892 . . .           | 5 00     |
| "    "    J. A. Pacetti, 1892 . . .          | 5 00     |
| "    "    J. F. McKinstry, 1892 . . .        | 5 00     |
| "    "    Olin S. Wright, 1893 . . .         | 3 00     |
| "    "    R. P. Izler, 1893 . . .            | 3 00     |
| "    "    C. Drew, 1893 . . .                | 3 00     |
| "    "    J. H. Douglas, 1893 . . .          | 3 00     |
| "    "    R. P. Daniel, 1893 . . .           | 3 00     |
| "    "    Neal Mitchell, 1893 . . .          | 3 00     |
| "    "    G. W. Lancaster, 1893 . . .        | 3 00     |
| "    "    G. E. Hawes, 1893 . . .            | 3 00     |
| "    "    E. T. Sabal, 1893 . . .            | 3 00     |
| "    "    R. T. Walker, 1893 . . .           | 3 00     |
| "    "    F. D. Miller, 1892 and '93 .       | 8 00     |
| "    "    A. S. Baldwin, 1893 . . .          | 3 00     |
| "    "    Jos. Y. Porter, 1893 . . .         | 3 00     |
| "    "    J. N. McLane, 1893 . . .           | 3 00     |
| "    "    O. E. Worcester, 1893 . . .        | 3 00     |
| "    "    L. W. Weedon, 1893 . . .           | 3 00     |
| "    "    J. W. V. R. Plumer, 1893 .         | 3 00     |
| "    "    D. N. Smith, 1893 . . .            | 3 00     |
| "    "    Sollace Mitchell, 1893 . . .       | 3 00     |
| "    "    A. J. Wakefield, 1893 . . .        | 3 00     |
| "    "    Geo. C. Mathews, 1893 . . .        | 3 00     |
| "    "    J. A. Jackson, 1892 and 1893       | 8 00     |
| "    "    N. D. Phillips, 1893 . . .         | 3 00     |
| "    "    A. Anderson, 1893 . . .            | 3 00     |
| "    "    R. B. Burroughs, 1893 . . .        | 3 00     |
| "    "    E. M. Palma, 1893 . . .            | 3 00     |
| "    "    J. M. Jackson, Sr., 1893 . .       | 3 00     |
| "    "    J. M. Jackson, Jr., 1893 . .       | 3 00     |
| "    "    H. K. DuBois, 1893 . . .           | 3 00     |
| "    "    J. M. Samuels, 1893 . . .          | 3 00     |
|                                              | \$992 82 |
|                                              | 356 31   |
| Balance . . . . .                            | \$636 51 |

## CR.

|                                        |                                                           |          |
|----------------------------------------|-----------------------------------------------------------|----------|
| April 7, 1893                          | By annual salary secretary, 1892                          | \$100 00 |
|                                        | By bill of stenographer, 3 days                           | 30 00    |
| May 23, 1893                           | " " C. W. D., 700 envelopes<br>for circulars . . . . .    | 1 00     |
|                                        | By bill C. W. D., 1,000 circulars,<br>rept. com. . . . .  | 3 50     |
|                                        | By bill 600 1c. stamps . . . . .                          | 6 00     |
| June 28, 1893                          | " " 500 copies proceedings .                              | 179 56   |
| July 10, 1893                          | " " postage, treas. . . . .                               | 1 36     |
|                                        | " " postage proceedings .                                 | 16 05    |
|                                        | " " wrappers, proceedings .                               | 50       |
|                                        | " " postals, requesting papers<br>for com. . . . .        | 4 20     |
|                                        | By bill postage, for librarian on<br>exchanges . . . . .  | 3 49     |
|                                        | By bill postage, treasurer, collect<br>dues, etc. . . . . | 2 34     |
|                                        | By bill 500 envelopes, secretary                          | 1 75     |
|                                        | " " 200 en. and circulars .                               | 4 00     |
|                                        | " " stamps, distrib. circulars                            | 2 00     |
|                                        | " " librarian, stamps, exc'gs                             | 56       |
|                                        |                                                           | <hr/>    |
|                                        |                                                           | \$356 31 |
| Balance on hand, April, 1893 . . . . . | \$717 82                                                  |          |
| Collections since . . . . .            | 275 00                                                    |          |
| Making a total of . . . . .            | 992 82                                                    |          |
| Less expenditures . . . . .            | 356 31                                                    |          |
| Leaving a balance on hand . . . . .    | 636 51                                                    |          |

J. D. FERNANDEZ,  
Treasurer.

TAMPA, FLA., March 20, 1894.

We the Committee on Treasurer's Account, having  
examined same, have the honor to report it correct.

Respectfully,

W. R. CHALKER,  
Chairman.

G. A. DWELLEY,  
C. B. SWEETING,  
Committee.

**NO. 4.**  
**LIBRARIAN'S REPORT.**

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**MARCH 19, 1894.**

**GENTLEMEN:**—During the past year the number of exchanges has not been as great as for some preceding years, although copies of our transactions have been sent to all the State and National Societies. The reports of the transactions of thirty-one State societies, one State Board of Health and various pamphlets have been received.

Respectfully,

**J. H. DOUGLAS, M. D.,**  
**Librarian.**

EULOGY  
ON  
**DRS. W. A. SPENCE AND J. D. MITCHELL.**

*Read before the Duval County Medical Society.*

**DR. R. P. DANIEL.**

MR. PRESIDENT:—It has been our sad duty, during the year which has just closed, to pay the last tribute of respect to two of the oldest members of this society—both have crossed that bourne from which no traveler returns.

Never before, if we except that year during which we were called upon to perform extraordinary duty and to incur special risks (I refer to 1888, the yellow fever year), has our little association seen more than one of its number removed by death in the course of twelve months.

It has appeared to me eminently proper that something more than a passing notice should be taken of this sad feature in our record for 1893; and, as being not only one of the oldest members of the Duval County Medical Society, but one whose age and sympathy brought me very nearly and closely in relation with our departed colleagues, and likewise as one whose increasing years warn me that my own earthly record is almost made up, I have felt it my special duty, as well, perhaps, as privilege, on this our anniversary to say somewhat to my fellow-members of the lives and characters of these two departed brethren. Kindly make all allowance for the imperfect manner in which this may be done by me.

Drs. Wm. A. Spence and Jno. D. Mitchell were both typical—each in his way—not only as representatives of the profession to which they belonged, but likewise as men.

The former was a native of Virginia, and was born in Westmoreland county, November 26th, 1816, in that peninsular between the Potomac and Rappahanock rivers and resting on Chesapeake Bay, which was the

original home of the Washington family, and which has a proud record besides as having been the birth-place of many who were illustrious in the past history of Virginia, and of these United States. Dr. Spence received his medical diploma in 18— from the University of Pennsylvania, then the most honorable source in America from which to receive the degree of M. D. His early professional life was passed in his native State and home neighborhood.

Upon the outbreak of the war between the States, the Doctor, like a true Virginian as he was, and in accord with his convictions of patriotic duty, came promptly to the front, and, although a man of forty-five years of age at the time, shouldered his musket and entered the ranks of the Southern army as a private. His professional qualifications and special value in that connection soon gave him promotion into the medical and surgical department of the army of Northern Virginia, and during the latter part of the war he not only held the position of chief surgeon of A. P. Hill's Division—afterwards corps—but was selected by Gen. Lee, on one occasion at least, for special and important duty. At the termination of the war, the doctor found himself, like many thousands of others in our Southland, with home gone and friends and neighbors dead or stranded like himself. But he doubtless met the changed conditions of his life with that cheerful and hopeful spirit which was so marked an attribute of his character.

He located in the city of Baltimore and practiced there for some time. From Baltimore he moved to Hot Springs, Arkansas, and thence a few years later to Savannah, Georgia.

In 1874, Dr. Spence again moved ; this time to Sanford, Florida. Whether infected with the orange fever, which was raging so about that time, or whether impressed with the sanitary attractions of our climate, I do not know. Finally, in 1880, he came to live in Jacksonville and made this city his home for the remainder of his life. His death occurred, as you recollect, on April 11th of the past year.

Dr. Spence was eminently genial and social in his nature and habits. He was proud of his Scotch descent,

of his Virginia nativity and of the noble profession to which he belonged, and he was besides and above this in all its entirety a conscientious christian gentleman.

I do not think he had any enemies, because his kindly nature and cherry manner made every body like him. Children loved him and they seldom make mistakes in recognizing their friends. Doubtless, in his later years the doctor had many trials and privations resulting from lessened pecuniary resources; but, none the less cheerful, he always made the best of existing conditions; and even during the long and tedious illness which began so suddenly and formidably, and yet wore him out so slowly and, at times, painfully, I seldom found him in making my visits social or professional, otherwise than ready for a joke, or to discuss with vivacity topics of local or general interest. As a physician he was thoroughly ethical and true, and I don't believe that he ever intentionally acted toward a professional brother otherwise than he would have been done by. He took a liberal and active interest in everything that pertained to the development and advancement of the profession to which he belonged; and indeed, of social, as well as political citizenship. If perchance, his success in life was not practically so marked, as that of some others, it was not because he cared *less* for his professional duties, but because he cared *more* for the other interests involved in his relations with his fellow men.

His work is done and his record is made. God gave him more than the average span of life with ability for a long term of active service. Let us be thankful that as a man and as a professional brother, he passed over "to the majority" leaving so worthy a life record behind; and let us strive to keep our own day books free from aught that would shame or harm us until the Master bids us write the last record on the last page and hand them in to Him.

Dr. Joseph D. Mitchell was a native of that far north New England State, Maine, which has given so many of the truest, strongest and bravest specimens of the best type of New England manhood. Somehow, Southerner as I am, even to my revolutionary ancestry, I have always felt as though Maine people were nearer to us than

those of the other far north States. I can't explain why unless it be that I have been brought more in close contact with the former, as so many of them are, or were, seafarers, and sailors are always hearty and broad, unless they are devils.

Dr. Mitchell was born in West Newfield, near the New Hampshire line, on March 10th, 1823. He came of good, sturdy, old farming stock, I imagine, and was given an inheritance of moral, intellectual and physical strength, a heritage better far than monied wealth. His childhood and early youth were passed upon the farm where he was born; and his literary education was acquired largely through his own efforts, by teaching to assist in defraying his expenses at the Seminary, where he graduated about 1845. The following year he entered Harvard medical school and received his diploma in 1850.

During the period in which he was acquiring his medical education he taught school several terms to assist himself in getting through college. In these days teaching was not as now, a profession in our country, but rather a stepping stone or aid to ambitious but poor young men to accomplish their advancement. I have no doubt that the doctor made himself felt, in more ways than one, whilst he taught school; and in this connection, I quote from a note received by me sometimes since from his son, Dr. Neal Mitchell, written in reply to a request from me, for information in regard to his father's early life: "In those days the winter schools were composed of young men, some full grown, whose work seemed to consist in thrashing the teacher, or driving him away. Father achieved quite a reputation as a master in those days and taught several schools where a teacher had not been allowed to remain."

While a medical student at Harvard, Dr. Mitchell had the privilege and distinction of being present and assisting when the elder Warren, at the request of Morton, did the first surgical operation with the patient under the influence of ether. This was in 1847, I think. Soon after graduating Dr. Mitchell married and began his professional career in St. Stephens. An accident to his knee from which he never fully recovered and an attack of

pneumonia which left his lungs weak, soon necessitated a change of locality and climate, and, in 1852, he came to Florida and located in Jacksonville; and this city was virtually his home for the forty odd remaining years of his life.

When the Confederate war began, Dr. Mitchell had the courage and will to abide by his convictions and, abandoning his Southern home, he returned to his native State and took an active part in the war—on that side which he considered the right one. He served, in a professional capacity with distinction and appreciation during most of these years. Very soon after the termination of that struggle the doctor returned to his home in Jacksonville and resumed the practice of his profession ; which he pursued afterwards as long as he was physically able to do so. He was a great sufferer for many, many years before his death ; and nothing except an inherited strength of constitution, with a tremendous will power, enabled him to live and work and resist death as long as he did.

Before I graduated I recollect Dr. Mitchell when he first came here, going around to see his patients in a rolling chair—and later, on a little white pony. He had to meet a bitter antagonism on the part of the local profession here at that time.

Irregularities of manner and methods of practice were charged against him which, in the light of years and progress look only like advancement on Dr. Mitchell's part in an eclecticism which should ever belong to the practical pursuit of our professional work. We have all changed in the direction in which he was advancing.

What would the lights of our profession of the past generation have said when told that a physician had prescribed Calomel in 1-10, 1-20 or 1-50 of a grain, or had directed one drop doses of wine of Ipecac to correct nausea ? Most likely would have condemned such a man as either a fool or a knave. And yet we have found efficacy in this mode of administering remedies. Men had to be bold, too, who ventured to put a patient suffering with pneumonia into a wet pack.

During the epidemic of yellow fever which prevailed in Jacksonville in 1857, Dr. Mitchell advanced the opinion that the disease was *not* contagious. Such a doctrine

at that time and in this country was largely opposed to the prevailing views of our profession. Who, to-day, of those who have had opportunity of intelligent observation, would not now say that he was right?

Dr. Mitchell was not possessed of some of those personal attributes which contribute to make a man popular, but he had an assertive will and magnetism about him that enabled him to exercise the most wonderful influence with and over his patients. Some of them, I verily believe, feared him more than they loved him, but they trusted and obeyed him implicitly.

Dr. Mitchell was more thoroughly and entirely devoted to his profession in its practical pursuit than any physician, almost, that I have ever been thrown with personally. He never did himself justice with his professional brethren. With the intellect and the experience possessed by him, there certainly must have been much of profit as well as of interest, which he might have imparted to others. And yet he scarcely ever, to my knowledge, wrote, and seldom had much to say, even in our society meetings and discussions. I don't know why. He was remarkably clear and analytic in his comprehension and estimate of symptoms. Despite the distressing and long continued complications of his disease, which gradually appeared to involve almost every organ of his body, the mind seemed to remain clear nearly to the very last, and within a few hours of his death he discussed his own case and symptoms intelligently with his son and myself.

Time and time again after the busy, moving outside world had almost forgotten that he still lived—and when the physical man was racked with continuous and acute suffering, was his wise counsel and valued advice sought by his sons in doubts and difficulties incident to their professional work. I, too, have many times drawn from the same store to my own profit.

His christian resignation and trust were likewise strong and admirably prominent. Never ceasing to take an active interest in the living world around, he nevertheless was hopefully ready for the call when the Master should bid him come. Surely the change from time to eternity has been great gain to him!

**NO. 5.**

**"BAD PAY,"**

**And How it May be Successfully Eliminated.**

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T. H. MOORE.

**GENTLEMEN:**—It is a well known fact that practitioners of medicine are poorly paid for their services, and to devise some means by which to secure a better, and more prompt payment of their bills, has no doubt engaged the attention, at one time or another, of every one present.

I read in the Medical Record, a year or two ago, an editorial under the heading of "The Financial Side of the Question" from which I conceived the idea of devising some system by which the "bad pay," class might be if not entirely eliminated, at least reduced to a minimum. Hence I have given the matter special study and the conclusions drawn, it is my intention to submit to you presently, in the form of a little plan that in my opinion is the best and only practical way in which the "bad pay" evil that menaces the profession can be alleviated with any degree of satisfaction.

Some of my remarks shall properly belong to the Record but they express my own feelings on the subject so clearly and forcibly I cannot resist the temptation to use them.

Gentlemen, there is no reason on earth why a medical man should not conduct his practice on business principles—while there is every reason why he should do so. The physician, while devoting himself to his fellow-men, giving him his time, the results of his study and experience, and the product of his best mental and physical labor, must also look to that fellow-man for his support. The laborer is worthy of his hire, and the medical man is entitled to a just compensation for his labor. But how often does he get it? That he does not get it as often as he should is only too evident, but what is not so evident perhaps, yet none the less true, is that it is their own fault, and the fault of their predecessors that their ser-

vices are never so readily paid for as the lawyers, or those of any other profession or calling.

There is nothing derogatory to one's dignity in endeavoring to collect that which is due him for services rendered, whether these services be in saving the property of a man in a court of law, or in restoring health, or saving the life of a man when attacked by disease.

True, the relation of the family physician to his patients are often of the most confidential character. He is frequently the confidant of his patients and is entrusted with family secrets, and accounts of all the financial and other troubles that afflict them. He learns, perhaps, that business has been bad, there has been little work doing in their respective lines, it will be hard to pay up the grocery bills, etc., etc. He naturally sympathizes with them in their troubles, and concludes to wait until times get better before presenting his own account. With what result? You all know. You must wait indefinitely and with uncertainty for your money, and frequently never get it at all.

But listen! Does the landlord take anything off his rental? Does the stoore-keeper furnish them with goods for nothing, or even at cost price? Does the wood and coal man forget to charge? No! Now, if the parties are really in a tight, I should say, hard pressed for money, we are always willing to accept a pro-rata, and we are justly entitled to it. But is it right for us to shoulder all the losses and our accounts like the "cow's tail," always bring up the rear? I don't think it is fair; not ourselves alone, but our families also, are made to suffer by this injustice. Does the landlord, store-keeper, blacksmith or wheelwright work for the doctor for nothing? If your horse loses a shoe he must be shod. If the buggy breaks down it must be repaired or the doctor will be unable to attend these very patients whom he is too kind hearted to charge when they send for him in the night. But the new shoe on the horse and the new shafts to the buggy must be paid for.

There is no class of men with an equal amount of capital invested, of equal intellectual force and scientific culture, and devoting as much time to business, who

realize so little for themselves and their families as medical practitioners.

Painful examples are frequently brought to our notice of men eminent in scientific attainments, rich in a record of skillful activity and noble deeds, after a life of enthusiastic devotion to the relief of suffering humanity, finally passing away and leaving their own loved ones most inadequately provided for to meet the demands of every day life.

You must make up your mind to be more honest with yourself. Keep a complete record of all visits made with correct dates and render your bills promptly.

The plan or system I have prepared to submit to you makes it *possible* for every man to pay his doctor's bill, no matter what his trade, calling or financial standing in life may be, and if my ideas are carried out properly, he is induced to do so too, without compromising the profession or creating an ill-feeling towards the physician to whom he is indebted.

You all know, or most of you do, that the vexations and difficulties encountered in the collection of our bills, after the services have been rendered, is the most trying, disagreeable and unsatisfactory side of the practice of medicine.

How much more satisfactory would be the practice of medicine if we had only to render the services and had some one else to look after and see that they were paid for in all cases. By adopting my plan you have this.

By it, too, those who heretofore made no effort to pay their bills are stimulated to do so. You have protection against those who studiously evade the payment of them by the mean system of going from one doctor to another, and those who are regarded as "good patients," and do pay their medical debts, are given an incentive to do so more promptly, and these are what we want, are they not? I will repeat them:

We want to give our "good" patients a little incentive to pay their bills more promptly, and not keep us waiting, as is often the case, indefinitely for our money.

We want to stimulate those who always "intend" to pay, to straighten themselves out a little and execute their good intentions.

We want protection—not on wool, iron or cotton-seed meal—but against “beats,” b-e-a-t-s; these walking “dead-beats” who systematically defraud us out of our money.

At present we have no protection, and that the public appreciates the fact is only too evident.

You are placed in possession of the paying percentage of every man in your community, good, bad and indifferent, I mean as far as regards their medical debts, and that of course is what we are interested in.

I have mentioned three class of patients, lets see how we will get at them.

We will take up the “good paying” ones first, you hand me, among your accounts, a bill against Mr. So & So, to whom you have never rendered one before, and you feel a little backwardness in doing so now lest he should become offended, and you may consequently lose his practice. Now there is no logic in such reasoning, and no occasion whatever for you to hesitate in presenting this bill. If Mr. So & So patronizes you it is not because your work is cheaper, but because he has more confidence in your professional ability. Suppose he should become a little angry and want to know what it meant, that he always paid his doctor bills, etc. I explain to him that my presenting the bill is no reflection upon his credit whatever. That in order to protect themselves and to secure a more prompt payment from parties who were inclined to let their accounts stay unsettled for months, and to properly protect the honest from the dishonest class, the medical profession had concluded to have its entire collecting done through one main agent to be known as the “Physician Bureau of Collection and Protection,” and not only (yourself) Dr.\_\_\_\_\_, but all the members of the profession had obligated themselves to render in future all their accounts promptly on the first of each month and without any exceptions. And that in rendering his account, you were simply doing that which you had obligated yourself to do, and while we would not have him regard it as a “dun,” I would say, that if he would not mind paying it today, I would be very glad and sure you would regard it as a favor, etc. In all probability he will pay me then; if not, I will say if he will

kindly name his "pay-day," I will be pleased to call on that date.

In the meantime he cools down, and, after a little reflection, concludes that, after all, physicians are sometimes treated rather badly by some people, and they are justified in taking some steps looking towards their own interest. The whole affair winds up by his either sending the money around before or having it ready "pay-day." He has a higher regard for you for asserting your independence in a gentle and business-like way, and in future will expect your statement on the first of the month, and make calculations to pay it.

So much for Mr. "Good-pay."

Now, how shall I handle the feebly inclined class? I will take an example. There is "John Smith," laborer at Blank's mill, who owes you six dollars. Your collector has been to see him several times. He is familiar to all of you. He says tell the doctor I haven't forgotten him; that I will be up to see him soon; that I intend to pay him just as soon as I get able, etc. Now, he is honest in saying I am not able to pay the bill right now; that is, in the common acceptance of the word "able." He means at the time, too, to pay the bill just as soon as he gets able. But he never gets able; the account stands from week to week, finally becomes a back number, and you lose your money.

Gentlemen, nine men out of ten are willing to pay their doctor's bills, and intend to do so as soon as they are able. We are speaking now of the poorer or laboring class, and you know, too, they form the majority by a large percentage; in fact, four out five, if not nine out of ten of the inhabitants here belong to this class, and as a natural result most of our practice comes from it.

Now how shall I manage the "John Smith" character? I make him able, that is, I make it *possible* for him to pay his bill. How?

I approach him in a pleasant, friendly manner and inform him that I have an account against him due you, and would be very glad if he could do something for me, etc. Of course, he sings the same old song to me he has used upon former occasions. My sympathy is measured out to him by basketfuls, and when he has fin-

ished I proceed to illustrate to him the relations of the physician to humanity ; the necessity of good collections in order to keep up ; the insignificance in amount of the bill compared to the intrinsic value of the services rendered, etc., and represent to him that I am acting in the capacity of *his* friend ; that in order to protect the honest patients, as well as themselves, the physicians had associated themselves together and formed a bureau of collection, by which means they would be placed in possession of the paying per cent. of every man in town. I do not intend to crowd him at all, all I want to know is if he is willing to pay the bill, if so, how much can, and will he agree to pay every week, or month, according to the manner in which he draws his money ?

By approaching him in this manner he agrees to pay me every week—say 50 cents, and as the account grows smaller the more pleased he is to pay it.

You see, I get him to thinking over the matter, show him the importance of paying the bill, and the value it may be to him in the future, and then give him every possible advantage and inducement to do so, on the installment plan, allowing him to name the amount he can and will spare on account weekly. If he cannot spare a dollar, pay fifty cents, or even half that amount ; and this does not compromise you at all, it is your collector doing it.

What is the result ? In ninety days you have got your money, six dollars, equal to the interest at 6 per cent. on four hundred dollars. John Smith has redeemed himself by paying the bill, and it is a relief to his mind and a matter of pride to him to know that his paying percentage is as good as "Mr. Foreman's," and he can secure your services whenever he needs them.

Some of you, no doubt, have as many as two hundred or more accounts on your books, just like this one, without a cent ever having been paid on them. Suppose you were collecting an average of twenty-five cents each on them ; some may pay a dollar a week, others only twenty-five cents, while there are still others whom you cannot induce to pay anything at all. But we will say twenty-five cents average. Figure it up ; you are drawing pretty close to fifty dollars a week from a class of

practice that has heretofore paid you almost nothing. Suppose it is only ten dollars a week, that will be equal to 5 per cent. interest on \$5,000. Enough, I will say, to pay your office rent, and keep up your horse and buggy, items in themselves that will figure up in a year.

There are physicians among you who find it difficult to collect sufficient to defray current living expenses. In fact, under the rule we are now working by, it is a rather common complaint, and certainly not an unnatural result, when you consider there is no compulsion or incentive for a man to pay his doctor bills beyond the promptings of honesty; and, if he doesn't care to pay you at all, you have no redress, and he knows it.

Now, there are few of us who would fail to support ourselves and families, if not luxuriously, at least comfortably, could we but collect all that is due us for services rendered.

How shall we proceed to help ourselves? I can tell you in a very few words.

Gentlemen, all in the world that is necessary is for the members of each medical society to establish a "Physicians' Bureau of Collection." Place a valuable man—one adapted to the position—in charge, allow him a book-keeper and an assistant or two outside, if necessary. I am speaking under the presumption that he is employed on salary. Of course, if he does the work on commission he furnishes his own help. The office is conducted on the principles of Dun's or Bradstreet's agency, with the collecting feature the predominant and leading issue, by which the paying percentage of all citizens is obtained. They are, consequently, rated by what they pay, not what they say, and with this difference also; there is no charge for the "record" showing the standing of all parties whose accounts have been handed in, and which is to be issued quarterly or semi-annually, with "special revised reports" that are sent to the different members of the profession monthly.

There should be two sets of books, "The Physicians" and "The Patients." Each physician should have a separate and distinct account, on the credit side of which is to be placed all his bills, name of debtor, amount, date, etc.; and as amounts are collected on each one they are

placed to his debit. He is at perfect liberty to come in and be shown over his *individual* account just whenever he chooses to do so, but, under no circumstances, must one physician be allowed to see the individual account of another, or to learn by enquiry anything concerning his business affairs. The necessity of a strict, *inviolate* rule of this kind is apparent.

Every Monday a little statement should be rendered such physician showing amount collected on his accounts the preceding week, which is subject to demand.

In this record, that is furnished every quarter or semi-monthly, the paying per cent. of all parties is shown from the banker who pays his bill promptly upon presentation and is therefore rated at 100 per cent. to those who have paid nothing and are consequently rated 0 per cent., of which class there would necessarily be two. The sign (+) plus opposite such a rating would indicate that the individual was poor and indigent and worthy professional charity, while the sign (-) minus opposite such a rating would mean that the individual was minus any disposition to pay, declining to pay even as much as twenty-five cents a week on his account after every effort and inducement had been used to get him to do so.

As to how this latter class of patients shall be dealt with we do not assume to dictate, leaving it to the discretion of the physician as to whether or not he will attend him. I will say, however, by your refusing to do so, you will convert him into a good paying patient. By the time he has to go to several before securing the services of one, he begins to realize his position and will subsequently not only be willing, but glad, of the opportunity to pay his bill on the installment plan.

Now, this patient has never learned to appreciate you because he can always find a doctor ready to answer his call. You teach him, or give him to understand, that in as much as the doctor is an indispensable article, just so you must pay him for his services.

The average man appreciates a thing according to what it costs in money to get it, and by the "bad pay" learns that he must pay for medical services, his appreciation of them rises correspondingly.

A few words now to the older members of the profession and I shall have finished.

You naturally feel less interest in the matter than the younger members of the profession do, and for several reasons. One may be, you have after years of toil and struggle against the same adversities and difficulties we are now contending and endeavoring to lessen, finally reached that point when the income from your practice enables you to live, at least, comfortably. Now, don't you think you are justly entitled to a little more than this? Another; your increasing years make you look with disfavor upon the adoption of any new methods. I will say, with all due respect and high regard, though all reason and common sense may dictate that is the best, the grandest, most beneficial movement ever undertaken, benefiting not only the physician but the honest patient as well.

Now there are several reasons why you should co-operate and lend your assistance, by having your collecting done through our common agent. First: I will venture to say, it will increase your collecting percentage fully 50 per cent. in less than six months, increase it more than you are now paying to have it done, making it cost you virtually nothing. Besides, think of how much benefit it would have been to you had your predecessors gotten up on their dignity and said to the public—"here, this riding us to death without a just compensation must cease. Now, no pay, no serve." In other words had they taken this very step and taught them to properly appreciate our services, and to pay our bills more promptly, taught them that while we were perfectly willing to serve the poor and indigent free of charge we can not, nor will not wait upon those for nothing who are able to pay; who seem to regard us as a charitable organization supported and placed at their disposal by the State; who reason that they are under no special obligation to us for our services; that we are rich and do not need the money just because we are doctors.

By way of conclusion, I will say, gentlemen, it is unjust and unreasonable. You do yourself, the profession, the honest paying public and your family an injustice when you decline to alleviate the condition when a reasonable means by which you can do so is pointed out to you.

NO. 7.  
**OPHTHALMIA NEANATORUM.**

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DR. C. DREW, JACKSONVILLE, FLA.

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*Ophthalmia Neanatorum Purulenta, and Legislation for the Prevention of Blindness.*

As shown by Magnus' tables in the reference Handbook of Medical Sciences, out of all ages and classes of the blind, ophthalmia neanatorum furnishes 10.86 per cent. In the Illinois State Institution for the Blind, out of two hundred and twenty-two inmates forty-four, or 24 per cent., lost their eyes from this cause. The New York State Institution for the Blind, at Batavia, having one hundred and twenty-eight inmates, showed 23.4 per cent. from this cause. The statistics collected by the United States Government, and furnished the last census, go to show that of the total number of cases of blindness in this country about 19 per cent. resulted from blindness of the new born. As it is the opinion of thoughtful men, who have given careful study to the subject, that nearly all these cases can be prevented or cured by timely interference, a brief review of the disease, its causes and prevention, may possibly be of service in the effort now being made throughout the world to reduce this factor to a lower rate.

With regard to etiology, Dr. D. Noyes, of New York, writes in 1892: "The origin of the disease is in morbid, vaginal secretions; the healthy secretions do not produce the eye troubles; at any rate, there is strong reason for this belief, both from general experience and because direct inoculation of healthy pus has been practiced without evil result. Microscopic examinations have found both in the morbid, vaginal secretions, and in the pus flowing from the eyes a special organism which was first pointed out by Neisser, of Breslau. This kind of infection is, in the great proportion of cases, the cause of infantile disease. The fourth edition of swanzy on the eye,

published in 1892, and which is probably quite up to date, makes the following statement:

We most commonly find this dangerous affection either as gonorrhœal ophthalmia or blenorhœa neanatorum. It is never due to exposure to strong light. The more severe cases of blenorhœa neanatorum are caused by a vaginal discharge which is always gonorrhœal. The slight cases of the affection which amount to little more than a *cartarrh* of the conjunctiva may be caused by a vaginal discharge which is not of the specific gonorrhœal nature. As having in connection with this disease a most important bearing upon the criminality of wife or husband, I quote from the New York Medical Record, Jan. 20, 1894, from an article by Dr. T. Gaillard Thomas, upon "The Etiology of Diseases Peculiar to Women," as follows: "Until the last twenty years specific urethritis on the male was regarded as an affection of the most trivial import, as rapidly passing off and leaving few serious sequelæ, and offering itself as an excellent subject for jest and badinage." About two decades ago, Dr. Emile Neogorath published a dissertation upon this affection which will forever preserve his name on the list of those who have accomplished good for mankind and give him claim to the title of benefactor of his race. The observer declared:

1st. That out of the growing young men a large proportion prior to marriage had specific urethritis.

2d. That this affection very generally causes urethral stricture behind which a latent or low grade of urethritis is for many years prolonged. That even as late as a decade after the original disease has apparently passed away, the man may transmit it to a wife whom he takes to himself at that time.

4th. The disease affects, under these circumstances, the *ostrum vaginae*, etc. \* \* \* The matter has now been weighed in the balance and admitted to its place among the valuable facts of medicine.

Dr. A. E. Prince writes, in the New York Medical Record of August 26th, 1893: "It has been my lot in the past few years to see eyes of children lost from ophthalmia neanatorum, in which the mothers were wives of clergymen, merchants and farmers who have never been

suspected, but in whose cases the development of purulent ophthalmia in the eyes of the infant is the best evidence of the existence of at least a malignant leucorrhœa. It is well known that gleet, which in the male would be a source of perpetual or periodic discomfort, owing to the loose folds of the vagina is often never suspected by the incumbent, much less by the physician." This fact being established, we have no right to convict wife or husband of infidelity because of the existence of ophthalmia neanatorum ; hence this statement has an important medico legal bearing. While it is true that by proper treatment the percentage of blindness from the disease may be very materially diminished, it is to prophylaxis and legislation that we must turn for the best results. To secure this, as far as the mother is concerned, we may resort to vaginal irrigation, and for the child to the method known as that of Crede. Dr. Noyes advises that the vagina be irrigated for several days before labor begins, and during its progress, with a three per cent. solution of carbolic acid. Experience seems to indicate the impropriety of all rough handling of the maternal organs with brush or otherwise, such as would be calculated to injure the mucous membranes. If carefully carried out this would no doubt materially diminish the risk, but it is seldom done, and where the obstetrician is inclined to do so, it is in many cases impracticable. If the vagina from the vulva to the os uteri be thoroughly cleansed, if such a thing be possible, for several days prior to labor, it is even then unlikely that the gonococcus will be exterminated. The head having passed the os uteri may be delayed in the passage; the presentation being such that it would be impossible to thoroughly irrigate such portions of the vagina as would be in contact with the eyes. During this time the germ bearing secretions are again active and the danger renewed.

At the forty-fourth meeting of the American Medical Association Dr. Wardeman of Milwaukee remarked : "Some cases are undoubtedly affected before birth and even in the membranes, as in a case recently reported by Dr. Neiden. It has been my fortune to see within a short period three cases of the disease that probably happened before birth or in the delivery of the head. The lids

were agglutinated, there was purulent discharge. All the cases were attended by physicians, two of whom are noted for antiseptic midwifery, and every proper precautions were used."

I have never before seen this statement made and it is not clear to me that gonorrhreal pus could find its way through the unruptured membranes so as to attack the child. Should the membranes be ruptured sometime previous to the labor, which is not uncommon, such an occurrence would be entirely possible. As the contagium in the vast majority of cases comes from gonorrhea in the husband, I can see no impropriety when the physician has been engaged to attend an obstetrical case, to his making careful inquiry as to whether the husband has had at any time an attack of gonorrhea, giving the reason for the inquiry. This having been acknowledged the most careful precautions as to both mother and child should be observed.

The most valuable discovery with regard to the prophylaxis of the disease ever made is that of Crede of Leipzig. Before his method came into use out of 42,877 infants, 8.9% were attacked by blenorhœa. By its introduction the morbility was reduced to 1% or less. Crede had only one case in three years out of 1,160 which he treated by his method. It is or should be too well known to need repetition, but so valuable a fact can never be too often repeated or too well remembered. Dr. Crede uses a 2% or 10 grains to the ounce solution of nitrate of silver, one drop of which he drops into each eye of every new born child. After carefully cleansing the eye, a single application is all that is needed. This is the simple method by which this benefactor of mankind has reduced this terrible cause of blindness from practically nine to one per cent. How many obstetricans have carefully inquired into the merits? How many have ever tried it at all? The vial of silver solution and dropper should be as much a portion of the obstetrican's outfit as his forceps, for it is quite as important to rescue the child from blindness as the mother from physical suffering.

It is my wish to specially call the attention of the association to the fact that several States have taken legislative action upon this important matter. The first

effort as far as I am aware to secure such action in this country was through Dr. Lucien Howe of Buffalo, N. Y. He brought the matter to the attention of the American Ophthalmological Society in 1887, and since that time Maine, New York, Rhode Island, Ohio, Pennsylvania and Minnesota have legislated upon it. Canada and other countries have also done so. At the last meeting of the American Medical Association the section on ophthalmology passed the following resolutions:

WHEREAS, There are in the United States several thousand persons who have become blind because of ophthalmia neonatorum, and

WHEREAS, This unfortunate result is largely preventable, being due to the neglect of nurses and midwives;

*Therefore, resolved,* That it is the sense of this section of the American Medical Association that a committee of four be appointed by the chair to urge in all parts of the country by personal application, by circulars to physicians and legislators, and by blank form, of a desirable law for such legislation as will tend to lessen the blindness caused by the disease.

A committee consisting of Drs. Lucien Howe, Henry Gradle, Geo. M. Gould, Jas. L. Thompson and G. C. Savage was appointed, and are working in the interest of the profession in securing the passage of the following law:

*"An Act for the Prevention of Blindness."*

The people of the State of \_\_\_\_\_, represented in Senate and Assembly, do hereby enact as follows:

SECTION 1. Should one or both eyes of an infant become inflamed, or swollen, or reddened at any time within two weeks after its birth, it shall be the duty of the mid-wife or nurse having charge of such infant to report in writing within six hours to the Health Officer or some legally qualified practitioner of the city, town or district in which the parents of the infant reside, the fact that such inflammation, or swelling, or redness of the eyes exists.

SEC. 2. Any failure to comply with the provisions of this act shall be punished by a fine not to exceed two hundred dollars, or imprisonment not to exceed six months, or both.

SEC. 3. This act shall take effect on the — day of \_\_\_\_\_, 189 .

The facts are sufficient to convince all reasonable persons that successful legislation and increased care as to prophylaxis upon the part of the profession and by midwives will, to a great extent, rid the community of the greatest single factor in the production of blindness. The matter has been brought before the association with the hope that some action will be taken to secure legislation in this State upon the subject.

**NO. 8.**

**The General Treatment of Patients Before and After Capital Surgical Operations, With Report of Case of Traumatic Progressing Gangrene—Amputation—Recovery.**

R. P. IZLAR, M. D., OCALA, FLA.

Quickness of healing and excellence of stump will depend, in great measure, on operative skill and good dressing, but the patient's life will depend rather on attention to a number of precautions of a more general character. The morbid agencies, against which we have to guard, are twofold—internal and external. When the question of performing a capital operation arises, it is of utmost importance to examine carefully for co-existing internal disease. In case of primary amputation for injuries, of course this remark does not apply. Whether the patient be healthy or diseased the nature of his injury may necessitate immediate amputation, and he must take his chance ; but in all other cases it becomes our duty to examine our patient's constitution most narrowly before subjecting him to an operation which will be sure to tax his powers to a greater or less extent. With our present aids to diagnosis it is rare that we are unable to detect mischief in the heart, lungs, kidney or liver, or any constitutional taint, such as syphilis, etc. If, therefore, contemplating an operation, we have ground, from our knowledge of our patient's constitution, to suspect internal disease, we should at once try to combat it with all remedies in our power, both medical and dietetic. Now comes the question : Supposing an operation of some magnitude to be advisable, what amount of internal disease is to deter us from its performance ? This is a matter to be decided only by attentive consideration of the various circumstances of each particular case, bearing in mind, as a general rule, that where the local

disease, in spite of treatment, is wearing out the patient at a greater pace than the constitutional disease, we will probably prolong life by removing the former. For sometime previous to an operation, the surgeon will do well to watch the pulse very closely at the wrist. After the operation, he may find difficulty in reading it aright. We must make sure that our patient is not only sound enough, but strong enough to bear the operation. In a chronic case under observation, it is not so easy to make certain of this point. We now come to the consideration of external morbid agencies, which we know from experience to have so large a share in inducing unfavorable complications after operation. Since these are a class of evils almost wholly in our power to prevent, we shall be more or less culpable, if we allow them to exist. The first and most pernicious is impure air. I would, however, observe that the benefits of good ventilation will be wholly cancelled, unless proper attention is paid to antisepsis and deodorization. All that ventilation can do, is by establishing a free current of air, to dilute the products of decomposition, and carry them away. While antisepsis and deodorization destroy these products as fast as they are formed. I know of no deodorant so instantaneous and powerful in its action, as chlorine, in some shape. The only objection, which can possibly be raised to its use, is its own disagreeable odor. The next error that I would guard against, is improper food; the mistake which we are, perhaps, most liable to commit on this score, is to diet our patients according to some preconceived idea and not according to the real wants of the case. In cases where a patient needs a large amount of food and alchoholic drinks, we are, I think, rather apt to lose sight of the necessity, for the purposes of the economy of a mixed diet. Here, I would suggest, for the purposes of nutrition, good broth, which has generally vegetables boiled in it, this is a better article of diet, than the much lauded beef tea, which is beef juice alone. The odd fancies, which patients some times show, in the matter of diet, should not be made too light of, but should lead us to consider carefully whether or not they are not indications of some error of deficiency in the diet prescribed for

them. There is one more caution, which I think should be always borne in mind, viz: For a short time before an operation, to cut off all those medicines, which (like iodide of potash) are very slowly eliminated from the system. We must remember that in the exceptional condition in which a patient is placed, after a capital operation, the emunctories of the body will have enough to do in getting rid of its own efete matter, without having the extra labor of eliminating substances foreign to its economy. The less medicine we give to a patient before and after an operation, the less chance will there be of our interfering with nature's process of repair. I believe it a rather common practice, to give a dose of morphia in all cases after operations of any magnitude. My own experience, which of course has been very limited, leads me to doubt in many cases the necessity and, therefore, the propriety of such a practice. I have often observed that, when a patient has been long suffering great pain from local disease, the smarting which follows the operation, for its removal, is hardly felt, if not wholly absorbed in the sense of relief, consequence upon its riddance. The same objection, I think, may be urged against the indiscriminate administration of morphia after cases of labor. With these few remarks, allow me to call your attention to a case of progressing gangrene. During the last century, it has been insisted earnestly that in removing mortified limbs, by amputation, we should wait until the organism had arrested the progress of destruction, and formed the line of demarkation between the living and the dead tissue; otherwise, as was then contended, we ran the risk, after inflicting upon the patient a painful operation, of seeing the gangrene invade the stump. As a general principle, this view of the subject is doubtless correct. The recorded experience of modern surgeons, however, clearly shows, that it is a principle which admits of very numerous exceptions. In traumatic gangrene, however, the exceptions are sufficiently numerous, I infer, to reverse the principle, amputation becoming the rule, while to wait for the arrest of the destruction and the formation of the line of separation before the proceeding to amputation, is the exception. In no case, however, is the cause or the extent of the injury alone a suf-

ficient justification, to our adherence, to any particular rule or course of action. Circumstances and conditions may and do occasionally present themselves, which are of such a nature to override the rules generally applicable in the treatment of a particular or special class of injuries.

The following case came under my observation during the month of December, 1893: W. W., negro, age, 25, of a robust constitution, while assisting in the management of a pit railway in Marion county, had his left leg injured, by being caught between engine and flat car, rupturing the ham-string muscles and tearing them from their tendinous attachments, femoral artery being badly injured. Three weeks after receiving this severe injury, he was brought to Ocala and placed under my care. Upon examination, the injured limb was found to be completely gangrened above knee joint; his general condition being that of extreme prostration, temperature 105, pulse 150. After allowing liberal stimulants, in the shape of brandy, etherization was effected, and the limb removed in upper third of thigh, by means of the circular incision; reaction was prompt and complete. Twelve hours after operation, temperature 99 and pulse 100; stump healed kindly and patient made an uninterrupted recovery; and at the end of five weeks, was discharged with a good stump.

**NO. 8.**

**Cases of Foreign Substances in the Air Passages.**

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**DR. S. STRINGER.**

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**FELLOW PRACTITIONERS:**—As your attention and time will be engrossed with a number of subjects of interest and advantage to the fraternity, you will pardon me for omitting a formal and rhetorical introductory, and for proceeding at once to

*Case 1.* Which was that of Ruby Abbott, aged three years, who, on the 15th of April, 1891, placed a shoe button in her nostril, which, upon discovery by the mother, caused much alarm, whereupon she hastened with the child to the family physician, half a mile away. On the way the child sneezed vigorously, and claimed that the button flew out in the act of sneezing. Nevertheless, the mother carried the child on to the physician, who, upon slight examination, said he supposed the button had been sneezed out, as he could not discover it.

Shortly after this period Ruby took cold. The parents thought it an ordinary attack, but being of unusual severity and continuance it was pronounced catarrh and many remedies used for it, among them Hall's widely advertised catarrh remedy, which was used to the number of half a dozen bottles, or more, without any apparent benefit. Having failed to relieve the child of the supposed catarrh, it remained *statu quo*, with an occasional observation that the nose was sore, quite a flow running back into the mouth; moreover, the mother would remark sometimes, while washing the child, that there was a bad odor about its nose; yet, with all these symptoms, the impression having been so firmly made that the button had been sneezed out, it never occurred to the parents that it remained in the nose and, of course, no attempt was made for its extraction. Imagine their wonder, when, on the 20th day of January, 1894, the

child blew out this button, which had remained in the nose two years and nine months, partially decayed, as you could see, and to the delight of the parents the nose is suffering in no way from retaining this foreign substance so long. The child now seems to be in excellent health.

*Case 2.* Miss . . . . . age 14, was brought to me to examine, diagnose and prescribe for a severe cough of sudden and recent origin. She was usually in excellent health, without hereditary taint of any kind. Her father, who had been a medical practitioner for several years, said the cough was almost incessant and had been for three days or more. The pulse was a little accelerated but there was no rise of temperature; occasionally attacks of dyspnæa were experienced which would increase alarm and cause great anxiety to both parents and child; expectoration was very slight, sometimes tinged with blood; no pain but to some extent a feeling of constriction about the chest; no dullness or want of resonance on percussion but, upon auscultation, a very peculiar resonance was heard a little below the middle of the right lung, or perhaps, the upper part of the middle lobe. This sound consisted of a vibratory bronchial rale which would sometimes be dry, again it would be moist, sometimes sonorous.

An area of about four inches square would have covered the pathological condition or fremitus.

Neither the girl or her father could give any clue as to the cause of this trouble.

As there was no constitutional disturbance, I, of course, thought the best treatment would be the expectant. I therefore ordered a mercurial purge and an opiated expectorant to secure rest at night. This condition continued, with very little change, for a period of about sixty days, with occasion rusty sputa, that would demand another auscultation. Throughout all of this period no indication for counter irritation or constitutional remedies presented themselves, and nothing was done, save as above stated. The cough grew no better; appetite fairly good; no acceleration of pulse, only on occasions of slight increase of temperature, presumed to be caused by irrita-

tion and loss of sleep, and which did not return with any degree of regularity.

During all this time of great anxiety to the patient, the parents and the physician, no intelligent conclusion could be drawn as to the real cause of this continued trouble; hence you can conceive what a degree of relief the patient experienced when, upon an extra effort of paroxysm of coughing, the girl spat up something hard, which made a tinkling noise upon striking the bowl. The father immediately investigated and found, to his agreeable astonishment, that she had coughed up a shoe button, such a button as is usually found on misses' and ladies' shoes. The patient, upon seeing it, exclaimed: "Papa, that is the button I had in my mouth the day I ran and skipped through the hall-way, and I thought it fell out of my mouth. I never felt it go down my throat, and had no thought it was there; that was the day my cough commenced."

The mystery was solved; in a few days the cough ceased and all appearances of serious results ended. Since then the girl has enjoyed the best of health without the slightest physical evidence of having entertained, at so great risk of health if not of life, that now historic shoe-button.

I say historic, for, on investigating the literature on the subject of foreign bodies in the air passages, the shoe-button has the precedence of all other articles, unless grains of Indian corn have the lead. The essential qualities of the shoe-button enable it to remain in some parts of the air passages for an indefinite time without the usual changes brought about in other articles by heat and moisture.

Recurring again to Case 1, the case of the button in the naris, above related, it will be noticed that very little if any change occurred in the button during the long time it had remained there imbedded, doubtless, in mucous and often flushed with tears via the lacrymal duct. It is to this unchangeable characteristic of the shoe-button that is due its comparative inoffensiveness; for, had it corroded, doubtless angles would have formed to do great injury to the membrane and perhaps turbinated bones. On the other hand, if it had swollen, pressure upon the parts

would have produced great pain and inflammation, and, perhaps, ulcerative destruction and deformity, but it remained nearly three years and finally passed away, doubtless by reason of the increased size of the passage, without leaving any apparent or real pathological condition.

In reviewing these two cases we cannot avoid the conclusion that both terminated without any serious result and are really void of any scientific interest, no reflex complications having occurred in either case, notwithstanding the long time the button remained in the child's nasal passage.

This favorable result, however, cannot be expected in all cases, in fact, it must be regarded as the exception. We find upon investigating recorded cases that very singular reflexes have occurred from the mechanical effect of foreign substances lodging in the air passages ; that when they pass into the bronchus sometimes a severe laryngial spasm occurs. We are told by DaCosta, Medical Chronicle, December 29, 1888, that he saw a severe case of spasmodic asthma induced by swallowing a piece of an apple during an epileptic seizure, the bit of apple being drawn into the bronchus but soon expelled by a fit of coughing. Another case of spasmodic asthma is recorded by Knight, Boston Medical and Surgical Journal, caused by a bean entering the trachea of a child six years old : Tracheotomy was performed, but the offending body was not removed, yet three days after it was coughed up ; nevertheless, asthma continued for years after.

Many instances can be cited of severe reflexes occurring from bodies both in the nose and lungs; some motor, some secretory. Sometimes foreign bodies in the bronchus result in abscesses and in hemorrhages, with the train of severe consequences of these dangerous conditions. And, again, foreign bodies in the nasal passages have been known to cause partial deafness, stammering and other reflex neuroses.

In entering the lungs they generally pass into the right side owing to the larger size of the bronchus, and to the septum at the bottom of the trachea being to the left of the middle.

Prognosis in cases in which foreign bodies enter the trachea or lungs is always serious, as their pressure not only produces reflex actions of spasmody character, but their mechanical effect may occlude the air passages and produce sudden death. About 77 per cent. of all cases recover under the expectant treatment, and about 6 per cent. more than this, of all cases, recover under operative skill, showing some advantage in the operative treatment, presumably under the most favorable circumstances for operative interference.

Ashurst gives the above figures from an analysis of Weist's collection of one thousand cases, and Durham's collection of six hundred and thirty-six cases, in and from which he approximates the true advantage of operative procedure.

In view of the serious symptoms and dangers in cases of foreign bodies in the air passages below the larynx the surgical opinion is in favor of attempting to remove it by incision into the trachea; if above the larynx the attempt should be made to remove it with proper forceps.

**NO. 10.**

**OBSTETRICS.**

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JOS. W. RUSH, M. D., APALACHICOLA, FLA.

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**MR. PRESIDENT:**—Having been called on to contribute something for the good of the profession, I take pleasure in reporting a case of obstetrics, not that I have discovered anything new to the profession, but to repeat an old story, which brings forth a new birth, in which every obstetrician has labored and anxiously waited at the bedside of his patient.

On the 8th day of May, 1893, 10 a. m., I was called to see Mrs. M. Primipara, aged about 30 years, weight, 90 pounds; blonde, small bone and light muscle.

Found her suffering from all the symptoms usually present in the first stage of labor. Without any examination per vagina I left, telling her if she grew worse to let me know; not hearing from her, as expected, I called the next morning; found her walking about the room, with pains similar to the day previous. After a short interview, I bid her good morning; in six (6) hours I was sent for to come at once; found patient having strong pains every few minutes, made an examination, found the os-uteri partially dilated with rigid lips, small vagina and narrow pelvis, all of which decided the prognosis for a case both tedious and dangerous. Seeing that the bowels and bladder were properly attended to, I gave patient a full dose of bromidia and applied belladonna F. E. 10 drops to the dram of sweet oil, thoroughly to the parts every two or three hours 'till all rigidity had given away and the mouth of the os was well dilated; patient continued to have fairly good and regular pains during the night, up to the time of full dilation, which took place about 10 a. m. the third day; in the meantime she had taken several doses of bromidia for pains and a little whisky when she seemed much ex-

hausted; at this juncture puerperal convulsions set in of the most violent form, chloroform (squibbs) was given at once. After several protracted ones, they were relieved, to where they were only passive. I requested the husband to call in Dr. A.; that I wanted help in the case. On his arrival, after a short consultation, we examined the patient, found normal presentation of the vertex high up in the pelvis, beyond the application of the forceps. Realizing from the symptoms that greater relaxation was necessary for the safety of the patient, venesection was made, taking about twenty-four ounces of blood from the left arm, after which one drachm of liquid ergot (normal, P. D. & Co.'s), was given, per hypodermic, over the uterus, and friction with cold wet towels, over the abdomen; waited half an hour; no contraction; then injected one drachm of ergot (Squibb's), over the same region; waited one hour; still no contraction, or pains; patient sleeping quietly, all symptoms of convulsions passed off. Another effort to apply the forceps was made, but the head being high up and a small vagina, could not be done, only at the risk of great injury to the parts. At this hour no fatal heart sounds were perceptible, nor contraction of the uterus, after using such agents. The natural conclusion was that the child was dead. This quiet condition lasted about six hours, when the patient aroused to consciousness, with some labor pains and contractions. Frequent applications of the belladonna ointment was made to the parts, and at 10 p. m. the head was born, with a pause of a few minutes, and a live boy was delivered, weighing seven and a half pounds, in good condition.

The mother made a quick and good recovery, and both are doing well. I failed to state that the waters did not gather at any stage of this labor, but passed off by driblets.

The question now arises from the condition of such patients, are we justifiable in applying the forceps at the risk of destruction to the parts, in order to hasten labor, when there is no immediate danger to the mother by delay? or reduce the chances of death to the child? or should we with hands off give *vis medicatrix naturæ* her full work? Now in this case there was no pathological

condition of the system prominent, that such convulsions should develop, although a protracted case, or why should the uterus remain dormant so long with a living fetus after the use of such active agents.

When we consider the condition of this patient and how she got through with a living child without the aid of instruments, or the rupture of the perineum; we are made to exclaim how wonderful are the powers of nature and how patient and watchful the physician should be, not to force the great and "divine given" agents during these hours of indescribable anxiety.

**NO. 11.**

**CONSUMPTION**

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**As a Dangerously Communicable Disease.**

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J. L. HORSEY, M. D.

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In using the term dangerously communicable, I do so in the belief that it is a better one than the term "contagious," and very much more comprehensible, as is clearly shown by Dr. John Winters Brannan, in an article on "State and Municipal Control of Infectious and Contagious Diseases," published in the New York Medical Record. In this article Dr. Brannan suggests the word "communicable" to be used in place of contagious, and not only for consumption, but for all diseases of that class. Communicable expresses exactly what is meant, and no more; whereas, contagious produces a false impression, due largely to the generally accepted meaning of the word. That consumption is a communicable disease, and dangerous to the public health, I think, has been already too well proven to need any further evidence, except probably to convince the few remaining skeptics, and even these should be convinced, when it is shown that all of those sanitarians and specialists who have been most attracted to the subject so believe it, as is shown by the fact that several representative bodies of sanitarians have voted that all cases of consumption should be reported to the health authorities, and efforts made for its restriction by educational measures, by the registration of all cases and infected houses, by the disinfection of rooms after occupancy, and especially after death of all consumptive persons.

The American Public Health Association so voted at its last meeting; the Public Health Section of the Pan-American Medical Congress were a unit on this point. Health authorities and sanitarians of England, France and Prussia

have expressed their belief that laws should be enacted for the suppression of the spread of consumption. Most of the State and Municipal Boards of Health of these United States have had this subject under consideration, and many of them have already formulated rules, the purposes of which are to prevent the spread of this dread disease. My belief is, that consumption is a communicable disease; that it has been proved to be such by the most scientific methods of experimentation, experience and reasoning; that it is now held to be such a disease by a great majority of the leading men of science of the world, who are best qualified to judge. I think we know how it is generally spread, and what proportion is spread in one manner, and what in other ways. The fact that consumption has been caused by the accidental and experimental inhalation of the bacilli, both in animals and in man, joined with the fact that the greatest known source of the bacilli is the sputa of consumption, and with another fact, that consumption of the lungs is the form of tubercular disease, which is the most common, constitutes not all the evidence which has accumulated tending to prove that tubercular disease is usually spread by what goes out from consumptive lungs, and is usually spread to previously healthy lungs. The evidence is strong, and almost conclusive, that the greatest of all sources of danger is the sputa from well developed cases of consumption, with the location of the specific cause known, associated as it is with a substance which is visible, it really seems quite possible for consumptive persons to care for the general safety of the public, so that they may move freely in public and in private without danger of spreading the disease. But, in order that this may be done, it is essential that consumptive persons have complete knowledge of the methods by which consumption is spread, and by which it is restricted; and this knowledge in itself is not enough, with it there must be a conscientious determination to perform carefully all those duties required to make sure that the specific cause of the disease is promptly destroyed, and not permitted to endanger the health and life of other persons. If the consumptive person has not that knowledge, or is incapable of comprehending the great necessity of it; or having the knowledge if he has not also a

conscientious regard for the safety of others; then the public interest demand that such a person having well developed consumption, shall be isolated for the public welfare, because he has the most dangerously communicable disease known to man. It is quite evident that the idea of isolating consumptives is extremely unpleasant to many people, probably to all; unless through a study of the subject it has come to be realized how great is the price paid by humanity for the freedom accorded this class of invalids. I think that this subject is one that directly interests the medical men of the State of Florida, as well as health authorities, who stand as guardians of the public health. The mortality tables of our State Board of Health show, that by far the greatest mortality occurring each month in this State, from any one cause, is from consumption. It may be said, and quite truly, that most of these deaths occur among non-residents of this State; persons who have come to Florida for the benefits to be derived from the climate, etc., but even admitting this, the fact still remains that not all of those persons dying from consumption are non-residents, some of them are natives, and my belief is that they contracted the disease from consumptive persons who have been allowed during the past quarter of a century, to come to Florida, and without hindrance or restriction, and thereby scatter the seed of consumption broadcast throughout the State, to have them harvested by the natives. It might be asked, what is the remedy for this evil? I am free to say, that it is my belief that all consumptives should be isolated, but if that measure should prove impracticable, then laws should be made to compel all persons who have consumption, and who are incapable of taking or unwilling to take the necessary care to avoid jeopardizing the lives of others who come within the circle of their infection, to do so. They should be prohibited from scattering their sputa in public streets and places. Hotels and tourist boarding-houses should be required to furnish cuspidores for the special use of consumptive persons, and to have separate apartments for their accommodation, all such apartments to be so fitted that they can be thoroughly disinfected after having been occupied, as well as all bedding, bed linen and

towels used therein. All railroads in the State and those entering the State, should have their cars provided with suitable cuspidores for the use of consumptives; they should have the seats and sleeping berths in cars covered with washable coverings, and all cars in which consumptives have traveled should be disinfected. Such laws as these and others as are deemed necessary, will I think lessen the spread and decrease the mortality caused by consumption. That such laws can be made and enforced by the health authorities of the State we are all well aware, but gentlemen of the Florida State Medical Association, when they are made, to be effective, they will want the moral support of the entire medical profession, and if we cannot entirely prevent the further spread of consumption in our fair State, and if but few lives are saved, I am sure that we as medical men will feel well repaid for our efforts in trying to protect the public against this dangerously communicable disease.

#### DISCUSSION.

Dr. J. L. Horsey.—I would like, gentlemen, to have this paper discussed. Other States have taken steps in this matter and I would like to hear an expression of opinion from some one present.

Dr. Wall.—Well, the paper sounds all right, but the question is how many of the facts—how many of the assertions stated as facts—are verified as to whether consumption has been spread from the sputa of others. This question has come up time and again in all the largest and most reputable colleges, and men with large experience say that it may occasionally be so, but that there is no proof of it, no proof at all that consumption has been communicated by this method. Who, I want to know, is going to diagnose a case, to declare that a patient has consumption, when he knows the man is to be hauled off to a pest-house. The whole thing is impracticable to begin with, and then again a large portion of the community would be put in the class of lepers. I think that after all this whole thing about hospital railroad cars, reporting and isolating consumptives and so on, totally im-

practicable and really harmful by exercising the public mind by its discussion.

Dr. Rush.—Mr. President, Dr. Wall's remarks strike me with some force as to the consistency of such methods. I would like to ask the question what has been the general observation of the members present in regard to consumption in the Southern States, whether the spread has been greater since travel has grown larger by Northern tourists. I think it is according to statistics that our Southern climate is not productive of tuberculosis, and while I think Dr. Horsey's paper on the subject of sanitary and preventive measures is all good enough, I don't see that it is exactly practicable, as Dr. Wall remarks, I cannot see where it can be put in force with any consistency with our present knowledge of things, unless statistics of our Southern States showed that this disease is rapidly spreading among our own people. We all believe that such things are directly hereditary; but outside of heredity I think that the spread of this disease by other means is exceptionable.

Dr. Gabel.—I am a tourist among you and of course not a member of this organization, and am probably debarred from asking questions.

The President.—We will be pleased to hear any questions, Doctor.

Dr. Gabel.—The subject of this paper is one in which I am greatly interested; it is one I have studied ever since I have been among you, and that is, probably, only five or six weeks. During that time it has been impossible of course to gather any great amount of information, but this question comes up so timely, or rather the paper brings up the question so timely, that I have thought best to intrude and get what information can be had on this very question in which we are all so interested. The paper intimated, at least, that consumption was spreading among the natives of this State by tourists coming in from the North or other points who were consumptive. Now if this is a fact, and as Dr. Wall has already said, we want facts upon which to rest our theories, then the Doctor certainly knows that there was no consumption previous to this immigration of tourists or of consumptive people coming from elsewhere. If this

is true his assertion is certainly of value, if it is not true it is perfectly useless to him and of no value to us. If the climate is such as to prevent tuberculos deposits, we would be glad to know it, and we would be glad to know and get what information is possible to be had upon this subject. This disease is so extensive all over the country that if there is any place where it can be prevented or where it prevails to a much less extent than at other places, if this claim exists, I should only be too glad to know it. But have the different persons who have come in from the North, who have located here among your people from some of the old States who have been here for years and who have really been benefitted by the climate, did they really have phthisis pulmonalis. It appears so far as my observation extends that their trouble has not been of an unquestionably consumptive or tuberculous nature. Some it is true have been diagnosed as the positive consumption of the North, have come here and appeared as healthy as any of us. Whether the diagnosis was a mistaken one or really a fact I am unable to say, and all the light I can get upon this subject will be appreciated. I believe with Dr. Wall here that there is a good deal of truth in this paper, but there seems to be a good deal that is impracticable.

Dr. Horsey.—I would like to say, Mr. President, that the gentleman asks for facts. Unfortunately for this State, until within the past three years, we have never had any vital statistics tabulated in Florida, and therefore we cannot call upon statistics to prove this thing, but taking the larger element of population throughout the South, which is the negro race, I think that prior to 1862, or 1863, before the slave was emancipated, statistics show that tubercular trouble was very rare among the negroes, while since freedom two-thirds of the cases reported by physicians, where they make microscopic examinations, are among negroes. Where did they get it? Is it hereditary? I do not think so. It is proven that they were not liable to consumption before they were freed, therefore, to my mind, it is very evident the disease germs have been disseminated throughout our State. These people, negroes, come in contact with consumptive tourists and others, as servants, and they are more liable to contract

the disease than other persons. It is hard to find facts, because we have no statistics.

Dr. —.—I would like to ask one question, being a stranger in your land. This gentleman here says persons go home cured of phthisis pulmonalis; the question is whether they were wrong in diagnosis, or whether it is due to the remedy or the treatment in this State that these patients recovered. I would ask this question of any of these medical gentlemen who have been living here some time, who pronounced the disease phthisis pulmonalis and have seen the patients recover?

Dr. Wall.—I have been practicing in the State of Florida for thirty years, and I cannot say I ever saw a case of tuberculosis recover; they all died. Of course as for looking for the bacillus of Koch, if there is really a specific cause of the disease, which I neither affirm nor deny, very few of us know if we have ever seen a case in our lives or not. As for consumption spreading in families where for years husband or wife, mother or child had the thing, there is nothing to prove it, nothing to tell that it spreads in that way; and I think that all this discussion has a tendency to create alarm in the public mind without one least particle of good. It is preached to us that the houses must be disinfected, and all that sort of thing; but it is a thing we really know nothing about.

Dr. T. S. Anderson.—Answering the question whether any of us have seen any of these cases or not, I will say that ten years ago in January I came to this State on the advice of my preceptor. With several others I had been pronounced a hopeless consumptive. I weighed 123 pounds, and had to be carried on the ship when I crossed the gulf. In two months I weighed 160 pounds, and I have never been sick a day since. It had been in the family for years and years.

Dr. H. K. DuBois.—I had a patient under my care pronounced upon by Dr. Loomis. He told him he would not live six months. He came here, and is now alive and well.

Dr. Lancaster.—If our visiting brother will come to Gainesville I will be glad to introduce him to two persons

from the North who came here suffering from the disease, and who are now robust.

Dr. R. B. Burroughs.—I would like to add a word. Fifteen years ago I introduced a resolution before the State Medical Association that a legislative committee be appointed, or some effort be made, to pass an act by which statistics could be obtained upon this subject. It is a matter in which I have always been deeply and personally interested. I come from tuberculous parents for generations. I am one of those men who have tried to get my eye somewhat upon my ancestors. I speak for posterity—perhaps I will speak so long some may think posterity will have a chance to hear me—but, as I said, this is a subject in which I am particularly interested. I well remember it was at a meeting in the city of Tallahassee when I introduced the resolution, and efforts were made to obtain statistics in regard to heredity, as well as record of the origin of diseases of tuberculous nature in Florida. The attempt proved futile. Some time ago, when this germ theory was under discussion, and in which a great many members of the Duval County Medical Society were very much interested, just on the return of one of the members from Europe, I remarked: Gentlemen, in ten years you will hear much less about the germ theory, and in twenty years I think but little, said I. Now you attribute to every disease a germ.

Dr. Lancaster.—I think Professor Coleman promised to say something in reference to this subject.

The President.—We would like to hear from the doctor.

Dr. Coleman.—I have but little to say on this matter of tuberculosis, and the question of contagion as connected with it. The subject was pretty fully discussed this forenoon. I noticed, however, here what I have noticed elsewhere, that there is a great proneness to go to extremes in such discussions to get too far on one side or the other. There is a true standing to the subject of bacteria and its relations to disease. One gentleman takes a stand positively against it and another claims all or a majority of diseases can be ascribed to it. There is a medium ground, gentlemen, that we have got to tread upon to reach the truth. Men who use microscopes daily

of course can see and know more about what is produced in the body than men who only occasionally and men who never use them. I think then we will leave extremes. Now I wish to say a few words in regard to tuberculosis. I do not believe it is inherited at all. It is not inherited ; the condition of the tissues, if you please, is inherited, as a soil in which the disease can be produced. If you give me genuine pure tissues I will show you a soil that will not produce the disease. You do not inherit the disease, gentlemen, you inherit the predisposition. We have families where the membranes in their original condition are weak, that is a soil that is likely to be attacked by the disease. I am not a believer that when the membranes are in good condition that they will become diseased. It is only when the membranes of the respiratory apparatus become weakened that we have the soil in which the trouble can live and thrive and mortify. We find that, gentlemen, all over. Whenever you look at a case and if you get the history of it carefully and critically, there is found a weakened condition of the respiratory apparatus. You will say to me that you have seen men strong and measuring forty inches around the chest and they died of it. You will find that such subjects have taken it from some weakening cause until you have a soil where the bacilli can develop and mortify. It was a serious question, you know for a long time, whether this tubercle bacillus of phthisis or consumption produced the trouble or whether the diseased tissues were the cause of the bacteria. We now know that as long as the membranes are sound and hard they cannot mortify, unless the system becomes reduced in power and tone, then if the producing cause is introduced they thrive and mortify. We are inhaling germs of all kinds hourly, but as long as our system has the power to resist them no harm is done. We know that some men do not have certain types of disease, they have simply acquired immunity against them by the resistance of their systems. This is my view, my belief, and I shall teach that view until I have reason to change it. When I am convinced my views are wrong then I am ready to yield and will yield very humbly. Now in regard to the contagious condition. There is the problem, and I have now with a few brief remarks laid the foun-

dation of all that. And we must take into consideration certain conditions that we have at the North that I presume you do not have down here. I remember well and with great regret family after family where there was one of the young men or young ladies just merging into manhood or womanhood, taken with tuberculosis, genuine consumption, getting along for a few months and then passing away; whole families, with the exception of perhaps one or two, carried off with that terrible disease. I have had in my practice for the last number of years, several families, probably three or four, like this, to whom I have given much attention. I have now adopted one plan, which is to have the patient isolated as much as possible from the remainder of the family, and where it has been impossible to do that I have put the family out, have sent them away and kept them away from home as much as possible, and I certainly think I have prevented certain members of those families taking the disease. Now, how is it, I ask you, do we have whole families carried off? In the first place we have the first condition I have mentioned, there is the naturally weakened conditioned, perhaps inherited or developed into one, there is the soil, now the germs are introduced. I cannot tell you how the germs get there, perhaps by direct contamination or infection. But I find when isolation is practiced from the remainder of the family, I find, to my great delight, some of those whose weakened condition gave promise of going into consumption, after reaching a certain age, get strong and well. I can name numbers of families just of that class. Now, I ask conscientious and educated gentlemen, why that is so? When I have just such cases I remove them; if I leave them in the family a great number of them will in all probability take the disease and die.

Dr. Wall.—Do all take it?

Dr. Coleman.—No, I can now remember but one family of five where all died. I can remember several where three or four died and one lived. I can remember a number of such familes.

Dr. Burroughs.—When they are separated have they not gone into a life very different?

Dr. Coleman.—I was going to reach that point very

shortly. I was just going to give another reason on which I desired to touch before I stopped. When the members remain at home they are subjected to most depressing influences, and you will acknowledge that depression has a most powerful effect in all diseases. When we send them away from home, away from their dear sick one, away from the depression caused by the presence of the sick one, and free mind and body with a change of scene and diet, we invigorate their weakened condition—to a boarding school or college, where we strengthen their inherited weakness. Now, I have been making observations in Florida for some time past, and I am delighted with what I have seen, and I want to say to you that I believe people suffering from such diseases would be benefited by coming here. They need plenty of sunlight and fresh air and they will certainly get it here. The weather has been splendid, I have seen but two rainy days since I have been in your State and air and soil and climate seem to me to be just the thing they most need. And they get another grand thing, that helps to build up that class, they get chlorine, you have the whole State saturated with chlorine, and they get bronzed and hide-hardened and thick and all that is a grand thing. You are well aware that people sick as they are, get pretty thin skinned. Now with us at the North for weeks at a time, in fact during several months of the year, those who are unwell or of weak constitution cannot get out, but are kept in artificially heated and poorly ventilated rooms, never feeling the grateful influence of nature's great restorer, sunlight, but here there is hardly a day when they cannot get out and get plenty of fresh air and sunlight. And that is a grand thing. Now, passing along, I think I have answered your point, have I not? I was resident physician of St. Vincents Hospital in New York City. You know there are but few hospitals that take consumptives, but this institution is one that does, it is a charitable institution and takes them in the hopes of better preparing them to meet their Saviour. Now, gentlemen, I want to say to you that I have been in public hospitals about twenty-one years of my professional life, and I have found that the majority of them will not admit consumptives, nor is it singular under the circumstances. Except

the hospital I have mentioned I do not know any in New York City that will take consumptives, and that one is controlled by the Sisters. I have found that there have been a great number of cases of the disease among the Sisters, who were strong and apparently healthy, but who were constantly and intimately associated with the diseased patients and they died of consumption. That is another point. The question is whether they were infected; is it contagious? I think so in the way I have mentioned. It is those depressing circumstances that subject them to the ravages of the disease, by those depressing influences which, I say, is one of the distinctive points in the pathology of the disease. I am not ready to say that it is a directly contagious disease. I say when the soil is ready, the germs find a lodging; as long as you are strong and vigorous I do not believe there is any danger in riding in a street car or steamboat, or sleeping at a hotel, as long as you are strong and vigorous, but when you have weakened mucous membranes, I do consider it dangerous and apt to result fatally. Now, who is to take charge of this matter; to be on the watch for these conditions and guard the public, but the medical profession? If they didn't take care of the public, what would be the result?

I think the paper that was read was mainly in the right direction. It seems somewhat impracticable to carry out all the suggestions made, and it would be so to undertake it all at once, but when you consider you have your health boards and your railroad surgeons and the profession generally, if they all do their duty as time advances, these matters will be carried out further and further into perfection. As I said, I certainly think it is a step in the right direction. Now, with regard to the isolation of these cases. Gentlemen, I think that would be a terrible sentence. Of course if there is danger such steps should be taken, but unless we fully and clearly determine that consumption is an absolutely contagious disease to all exposed, strong as well as weak, and that it endangers the life of all thrown with it, it is not justifiable to force isolation. I do not think it wise to try to enforce isolation, but for the physician to advise it and adopt the course in his practice as far as possible. I be-

lieve that, gentlemen, is the proper course for us. It is what I have been teaching for years. I do not believe that it is inherited, but results from the action of the germs on the weakened mucous membranes. That is what I have been teaching and will continue to teach until I find something better.

Dr. Dwelly.—I wish to ask about la grippe as being a predisposing cause of consumption.

Dr. Coleman.—I wish to say that in my opinion there is no disease that lays the foundation for that peculiar form of phthisis known as cellular as does that disease, la grippe. It is generally believed in reference to la grippe that there is a germ, the germ has been found without any trouble, and that it is certainly due to a germ is my opinion. Perhaps my friend will not agree with me in that but I believe it is due to a germ and that germ causes the disease known as la grippe, producing the soil, the foundation for consumption.

Dr. Fernandez.—I have listened with close attention and much pleasure to the doctor's remarks. There is one point which I wish to bring up and that is at the annual meeting of the National Association of Railroad Surgeons, at the last convention, which I had the pleasure to be at, this matter was discussed. There were fifteen hundred delegates from the different railroads present. This question of separate transportation for consumptives and other sick people came up for discussion, but without any definite decision. As Dr. Coleman says they felt that the time had not come when they could advise the setting aside of certain cars for these unfortunates. They felt that public opinion would have to enter largely into this movement, in fact they felt that the traffic of the roads would be materially abridged, and the other difficulties so very great it could not be advised. How could a conductor say to Mr. A. or Mr. B., here, you do not belong in this portion of the train, there is a hospital car for you back there, that is where you belong ; that could not be done. And it was the concensus of opinion of the National Association of Railroad Surgeons that the time had not come for that question to be settled and it is to be taken up again at the coming meeting in Galveston, Texas ; I suppose

there will be about two thousand delegates and a lengthy discussion can be expected. It will certainly be very interesting and I shall endeavor to hear it.

Dr. Wall.—I agree that possibly after a time these things may be necessary and the steps you all talk about may be taken. I have never believed myself that consumption was inherited, the predisposition is inherited, the tendency. Consumption itself is not inherited, but only the predisposition, and that you will always find. As for isolation, the whole thing is impracticable, the family physician is never likely to give a certificate or to come forward and voluntarily say that so and so is consumptive. Then how are you going to find it out. Are the railroads and hotels going to furnish such information. I don't see how the health officers are going to find it out. I agree with Dr. Coleman (laughter) and I myself prefer not to associate too closely with consumptives, but at the same time I have not inherited it. But notwithstanding I believe people should be prudent. Now so far as regulating these things by law, I doubt very much if the day will ever come when it can be done, and the less medical men say about it and leave the law alone the better.

Dr. Coleman.—Don't you believe it proper to take all due precautions where there is consumption, even if to do so is not required by law—voluntarily?

Dr. Wall.—Yes; some precautions and advice.

Dr. Harris.—In reference to tuberculosis in Florida my observation extends over several years and I remember that we used to have cases developing here which were very rapid, they succumbed very quickly. I have heard it called Phthisis Florida. What brought about that name? How came consumption to be called by that title. I have wondered whether or not anything was known of consumption in Florida fifteen or twenty years ago, and if there was any connection between the consumption in this State and that name and in reference to the time people lived who developed the disease in this State.

Dr. Dwelly.—We should like to hear from Dr. Stringer.

Dr. Wall.—The term "Florida" is not in reference to the State of Florida. I do not now recollect, but I sup-

pose it related to the rapid course of the disease. Loomis states in certain cases of consumption they go almost as quickly as in typhoid fever. I do not know that I have ever seen any that rapid, but I have seen them die in the course of a year or six months, but these were usually children of persons who had come to Florida many years ago on account of pulmonary troubles, and while I am speaking about it now I do not speak altogether like a certainty, for there were no examinations made for the bacillus of Koch, and I really do not know positively whether they had it or not.

Dr. Stringer.—We are now in the fields of possibilities and probabilities, and every little bit of experience and observation brought out helps. There was a man in this town a good many years ago—I had the pleasure of living here then—he was about five feet, six inches high and supposed to be a man without defect as to health and strength. He got out shingles and was regarded as a very strong man, and he was a strong man. He pursued his regular business of getting out shingles two or three years when all at once he broke down. Everybody said he had consumption, and it was not more than six months and he was dead. Whether it really was consumption or not I do not of course know. It was said and thought to be that disease which caused his death. If we want to arrive at the effects of this climate on the system of those living their lives in this State we should go into the Everglades. I have never seen an Indian who looked debilitated in any way, they are all straight, able bodied men. I remember one instance when I was called to Fort Myers. Through the interpreter I asked the Indians many questions. They said they would not take any kind of medicine internally but I could do anything for them externally. I do not think the climate will produce phthisis, but on the contrary that it seems to be that this climate is protective. Not more than three years ago there was a young man came down from Kentucky to my town. He had relatives there. None of them ever had consumption. Not long after an acquaintance from his State who had consumption came there, and he had only been there a few weeks when he took a room with this young man, and they slept together

about three months, and in about six months after that this young man took a severe cold, and on examining him I found that his lungs were almost "rotten," as the saying is, and he died in less than three months. These are my individual observations, but they do not cast any light upon scientific investigations. It does seem to me that the germ theory is sustained, and I cannot help believing in the transmissibility of the disease from one person to another. I will relate a little instance that occurred here in 1847, when this town consisted of about ten buildings—old, dilapidated ones at that—notwithstanding it was regarded as a health resort, and most of the consumptives who came to the State made for this point. There was a man who came here who had to be carried off the steamer; he was carried into a little house—a boarding house—and everybody soon knew him. He got better, and in about five or six months was able to walk about, and commenced teaching school, and finally married one of his pupils and lived here eighteen or nineteen years and raised two grown children. I refer to Martin Cunningham, perhaps Dr. Wall remembers him. He was clerk of the court of this county for a number of years. Well, these are my observations, and, as I said, they really have no bearing on a scientific investigation of the subject. As for the remark of my friend, Dr. Wall, about stirring up the people, that is a very hard thing to do. To stir up the people and scare them into sanitary measures is about the only way to get them to act at all. Dr. Porter and Dr. Burroughs and others who have been before the Legislature of this State, and particularly just prior to the organization of the State Board of Health, know something about the difficulty of waking them up on sanitary questions, and I think it is the policy of this association and its members to create as much fear about the dangers of tuberculosis and anything else we regard as catching—contagious.

Dr. Lancaster.—I have the following resolution to offer:

"*Resolved*, That it is the opinion of this association that consumption is, under certain circumstances, communicable; and it is recommended that the sputa of consumptives be disinfected and that the rooms that have

been used by consumptives be disinfected upon their removal by death or otherwise."

Seconded by Dr. Horsey and others and carried.

After tendering Dr. Coleman a vote of thanks for his kindness in giving the members the benefit of his views, the paper was referred to the Committee on Publication.

**NO. 12.**

**Digestion and Indigestion in Infancy.**

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J. H. DOUGLAS, M. D.

It would be useless for me to attempt an exhaustive report on the progress made in this branch of medicine, so I shall simply say a few words on the physiology and pathology of digestion in infancy.

Perhaps the subject of digestion in children has received more attention than all other functions. Certainly it is a most important subject; for reliable statistics show that about forty per cent. of all children born, die before reaching the age of five years, and one half of these in the first year of life, and that diseases of digestive organs cause about forty per cent. of the deaths occurring in their first year of life.

We know that, besides errors in feeding, among the predisposing causes of disturbances of the digestive functions, are anything that lowers the vital powers, hot weather, impure air, lack of personal cleanliness, improper dress, constitutional disorders, such as anaemia, rachitis, scrofula, etc., often the result of heredity.

The most common of the exciting causes are: the quality and quantity of the milk or other food, or too frequent feeding. The glandular structures of the digestive tube, as a whole, are in an immature condition for a varying period after birth; the salivary and pancreatic glands are ungrown, and their secretion is in small quantity and deficient in starch-digesting ferment until about the third month. The gastric glands produce a digestive secretion equivalent to that of the adult stomach, except as to relative quantity, and perhaps a difference in its acid constituent, the significance of which is undetermined. The intestinal glands are also deficient in digestive power. In the first years of life, and particularly in the first months, any departure from the normal food of infants results in a series of disturbances directly due to these features of

development. If mother's milk be supplied and disturbing factors are eliminated, digestion ensues, as follows: The fluid is immediately introduced into the stomach without any preliminary process taking place in the mouth, either for mechanical changes or chemical action, as there is neither a starch constituent in the food nor a starch ferment at this time in the scant salivary secretion. In the stomach rapid casine coagulation and digestion, that is the conversion of proteids into peptone, occurs commensurate with the short stay in this almost tubular and sphincterless organ, and absorption quickly follows. Entering the intestine, the albuminoids are still further transformed by the weak pancreatic juice; the sugar is transformed into glucose and both are rapidly absorbed. The disposition of the fat is by no means so clear, as it is asserted, that the fat-digesting function of the pancreas is but feebly performed, and the bile from deficiency of bile-acids and salts exerts but little influence in preparing this element for absorption. It is probable that the action of the intestinal secretion is comparatively unimportant. The intestine is largely employed in the act of absorption, and in conveying downward the undigested food residue, unabsorbed portions of the bile, mucous, broken down cells and other constituents of the forces. In this process of rapid transformation and absorption of the proteids there is little opportunity for the appearance of other fermentation changes, and there is little indication of the products of such changes in the alimentary canal of a healthy, properly-fed infant. This seems pre-eminently due to the easy digestibility of the casine of woman's milk, which leaves neither material nor conditions favorable to the operation of putrefaction and other bacteria. This brief outline of digestion must be extended after the first few months to include starch digestion, greater power in the bile action, and rapidly increasing capacity and strength of the stomach; the functions of the pancreas are not well developed until the end of the first year. Still later, all the functions of the older child are performed after the appearance of the teeth, and they differ from those of the adult only in degree and in their greater susceptibility to disturbance. Instead of this happy exercise of the digestive functions, if improper food is given, the too frequent results

of imperfect digestion or indigestion follow, varying in degree, sometimes slight but persisting, as where the mother's milk is of poor quality, and where the feeding is not properly regulated, leading insidiously to graver disturbances; and again the more abrupt and violent disorders which are most liable to occur during the hot weather of summer. In the first few months of life, the most frequent error is the use of starch and other foods containing too large a percentage of albuminoids, or such of them as are difficult of digestion. In the former case, there follows a free fermentation, with formation of gases and consequent distention of the stomach and digestive tube and irritation of its sensitive lining membrane. These immediate effects may be followed by prompt vomiting, so easily induced in the vertical and valveless stomach or by increased frequency of movements from the bowels containing undigested food. In the insufficient digestion of the proteids more marked effects are observed. There are here also undue formation of gases and their effects. The food and proper environment for the growth of bacteria of many kinds are present, and bacteria swarm in the tube and produce ptomaines, which unless rendered inert by metabolism in the liver, become potent for mischief. Owing to the easily disturbed condition of the nervous and circulating system of this age many abnormal conditions are liable to result from these disorders. The distention of the stomach by the gases may produce pain, interfere with the circulation and consequently with secretion, and lead to various abnormal reflex manifestations. The undigested food producing further irritation, sets up excessive peristalsis, vomiting and, if continued, inflammation; or so violent an impression is produced as to cause convulsions through the irritable reflexes and insufficient inhibition of this age. The absorption of poisonous ptomaines may produce high temperature through direct effect upon the nerve centers. Assimilation and nutrition are interfered with, and there is wasting of the tissues and loss of strength. It is during the process of teething that these evils are most effective, it is true; but we have long since ceased to attribute all ills to this part of physiological development. A truer

conception of the normal processes concerned in nutrition in the infant, and the factors chiefly active in their disturbances, has in more recent years lessened the use of the formerly all-powerful gum-lancet, and compelled a recognition of the value to life of a knowledge of the laws of hygiene and their strict enforcement.

In the treatment of the digestive disorders and diarrhea of infancy, regulation of the feeding is of paramount importance, and each case has to be carefully observed in order to understand its particular wants. Rochford, in the Archives of Pediatrics, gives the following rules for the selection of a diet in summer complaint, when, as is usually the case, it becomes advisable to temporarily discontinue work:

1. Avoid albuminous food (a) when marked constitutional symptoms are present; (b) when in doubt as to the character of the fermentations causing the disease; (c) when the stools are putrid; (d) when the stools contain mucous and blood; (e) when the nausea is constant and not relieved by vomiting.

2. Avoid carbohydrates as a food (a) when there are marked constitutional symptoms present and the stools are continuously acid; (b) when there is much pain, flatus, or urticaria. Storr says: "In the present state of our knowledge these rules furnish our most rational and reliable guides in the selection of a diet in summer complaint."

We have all found rice-water, barley-water, and meat broths useful in almost all cases where water could be retained on the stomach.

Meat juice is valuable where albuminous foods are not contraindicated.

During the past year, washing out the stomach and large intestines has received more attention, and many reports have been made of the results obtained by its thorough trial. Louis Fischer has had remarkable success in Chapin's words of the Post Graduate Hospital in New York.

Hundreds of cases have received this treatment at the dispensary of the German Poliklinik in the same city, and it has also been practiced with success in Hanock's and Boginsky's clinics in Berlin. At the New York In-

fant Asylum during the past two years fully fifteen hundred children's stomachs have been washed without any bad results having been noted. The stomach and lower bowel is in this way quickly freed from all food, mucous and unnecessary fermenting substances. The apparatus used in stomach washing consists of a soft-rubber catheter, No. 10, or No. 13, American scale, according to the age of the child, attached to a piece of glass tubing two or three inches long, and this attached to a glass or hard-rubber funnel by means of a rubber tube. The inserted bit of glass-tubing enables you to note the contents of the tube flowing through. Lukewarm water, previously boiled and to which a teaspoonful of common salt to the quart is added, should be used; the quantity depending upon the age of the child—from a pint to a quart can be used. The child is seated upright and held with the head slightly forward. The forefinger of the left hand is used to depress the tongue, and the tube, after being wet, is passed backward into the pharynx, and, during gagging, into the stomach. The funnel should first be elevated as high as possible to allow the escape of gas. It is then alternately filled, and after the water has run into the stomach, lowered to a point below the level of the stomach, so that the fluid will siphon out.

In irrigating the bowel Tieman's rectal tube is used, introducing it well oiled into the rectum, and by gentle pressure upward through the internal sphincter into the colon. Both procedures are very simple. The dirt after stomach-washing and its method of administration is very important. No food should be given for at least two hours, and then only the blandest and most easily digested. At the New York Infant Asylum if the child has been artificially fed it is put on malted milk for twenty-four to thirty-six hours. If a breast-fed child, and the milk is vomited after stomach-washing, malted milk is tried, as with the others, and later the breast milk. Where there is persistent vomiting in cases with a temperature not exceeding 103° F. forced feeding, by means of the tube and funnel has been resorted to with success, after washing out the stomach. Given in this way the food will often be retained and digested. In the way of medication bismuth is now the acknowledged remedy, particu-

larly in the form of the salicylate. This, we know, acts as an astringent, and, what is more important, neutralizes the fat acids, checks the formation of gases, and is antiseptic. Opium is still the most valuable sedative.

Brandy and whiskey are always useful. As a stimulant in urgent cases Fischer has found the spirits of camphor in 10 to 15 drop doses valuable. Calomel is undoubtedly of value in certain cases, but its field of usefulness is more limited in these disorders than was formerly thought. The indications seem to have been met when we remove the cause of irritation as completely as possible without the slightest injury to the patient; produce intestinal asepsis as nearly as possible, check the formation of gases, and the transudation of serum, quiet the disturbed nervous system if necessary with a sedative, and sustain the circulation by the use of stimulants, and at the same time furnish easily digested and nonirritating nutriment, predigested if necessary for a short time if the digestive functions are too weak to properly prepare the food for assimilation.

NO. 13.

**A Case of Florida Continued Fever.**

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W. P. LAWRENCE, M. D.

In the meetings of the Florida Medical Society and in our consultations with medical men we have had, and continue to have, discussions as to what is this continued fever we meet with so often in the South. Dr. Lancaster wrote an article that was discussed in the last meeting of this society and a great variety of opinion was brought forth. The Doctor says it is a fever differing from any classified fever of medical authors, except that of constant pyrexia, it has no spmytoms in common. That it is more prevalent in spring and early summer before the advent of the rainy season. Rich and poor alike are affected by it and there seems to be some connection between it and impure drinking water, neglected privies, etc. During my residence in Orlando from 1884 to '88, I saw quite a number of cases of this fever. During this period driven wells were used almost entirely for drinking purposes and now the water is taken from a lake, they still have the fever. As to what is the specific germ and how it gets into the system is no part of this paper. A small proportion of the cases do end fatality and that new'comers are more liable to it and the course of the disease is more severe, is my experience. Diarrhea, tympanitis, tenderness and gurgling in the right iliac fossa epistaxis and hemorrhage were generally present in varying degree. In the fatal cases death was ushered in by a condition of collapse during the third or fourth week. Last spring having the misfortune to loose and an opportunity presenting for a post mortem, Drs. Wall, Jackson, Stebbens and myself removed the section of gut here presented.

Mr. ——, age 33, came to Tampa from Jacksonville two or three months before his illness. His business carried him all over the town where he drank water from all kinds of places. I saw him first April 27th in my

office, where he came for advice. He said he had been feeling badly for two weeks and had some fever every day, complained of aching in limbs and slight headache, had been taking calomel and quinine, but with no effect as far as fever was concerned. His bowels were loose and tongue coated white with red point, he was exceedingly nervous and tremulous, temperature  $103\frac{1}{2}$  at 10 a.m., had been walking about all over the town since 7 a.m. Examination revealed no tenderness about the bowels nor tympanitis, and but slight gurgling in right iliac fossa. His urine contained albumen and responded positively to Ehrlich's test. I visited him that afternoon and found his temperature 103, morning temperature was  $101\frac{1}{2}$  to 103, evening about 4 p.m., 103 to  $103\frac{1}{2}$ . Subsequent visits showed very slight tympanitis, no tenderness and but little diarrhea, at times the bowels would not move more than once in twenty-four hours. No delirium, no special tenderness about the spleen. During the last week of his illness I noticed rose colored lenticular spots about the size of a pin head on his chest and abdomen which disappeared on pressure. His nervous symptoms increased from the beginning and subsultus tendonum was extreme. Dr. Wall was called in consultation about the time his nervous symptoms were at their height, at this time we noticed the rose colored spots and a peculiar condition of the skin at the upper part of chest—a reddened surface that retained the impress of the fingers sometime after being made. This led to a re-examination of urine which contained a large quantity of albumen. There was one or two slight hemorrhages from the bowels a day or two before his death, which occurred May 13th, 16 days from date of my first visit or about 30 days from the beginning of his illness—several hours before he died he complained of a pain in his penis, which was the only pain he ever mentioned during his illness. Perforation of the bowel accompanied by coldness of the hands and feet, cold perspiration and a temperature of 106 closed the scene, a post mortem examination of the urine showed large quantities of albumen and under the microscope tailed and irregular cells from the pelvis of kidney and granular tube casts—I regret very much that we could not carry our post mortem fur-

ther and note the condition of the kidneys—this case presented fewer typical typhoid symptoms than many I have seen before and since although those present were very characteristic. The best authorities writing on typhoid fever give as the symptoms of the "period of invasion" a feeling of malaise headache, dullness, listlessness, accompanied by a chill or chills, sometimes epistaxis often diarrhea, sometimes tympanitis with tenderness gurgling in right iliac fossa; tongue presents a thin, whitish cast, not extending to the edge, which may be rather reddish, all, or only some, of these symptoms may be present, but are hardly pathognomonic, as many of them may be present in the early stages of other febrile affections.

In addition to the above symptoms, the temperature rises steadily from day to day, and morning to evening, and reaches 103 or 104 by the fourth day. There will be little reason to hesitate as to the diagnosis of typhoid fever. By this time the faecal discharges will begin to exhibit the yellow color and pea-soup consistency. By the end of the first week the temperature will have reached the maximum point it is likely to hold during the disease, and the stage of invasion may be considered at an end.

I will not occupy your time in giving the symptoms present in the second and third stages of typhoid fever of Florida. I am convinced that the disease runs a milder course generally in Florida than in Tennessee and Kentucky. But I think post mortems will show the disease to be typhoid fever in all cases of so-called Florida continued fever.



## HYGIENE.

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BY DEWITT WEBB, M. D.

The preservation of health, the prevention rather than the cure of disease, is the greatest of all present effort in the direction of the betterment of humanity and increasing the sum of human happiness, and more than all, increasing the power, mental and physical, of the average man and woman and thus insuring a more rapid progress of the race.

Hygiene has had a thorny path throughout the ages. The health laws of Moses, admirable as they were for his day, were daily transgressed by the multitude of escaping Hebrews he was leading from bondage, but yet have left their impress so deep upon a race as to make that race to-day the marvel of all the rest of mankind.

The burning of the Indian's tepee when one has died therein, is the recognition by savage man of the necessity of preventing in some way the spread of disease, and he resorts to a rude, but effectual sanitation by fire. We can often with advantage still follow our barbarous brother in thus preventing or checking the progress of disease. It is, however, only within very recent times that the thorough and systematic study of the simple laws of health have been intelligently pursued until it now seems possible to meet even the dread yet invisible monsters of cholera and yellow fever at the sea-board and vanquish them before they can effect a landing on our shores. Proper health regulations can do all this but there remains a far greater work to be done which is yet more vital to the well being of mankind.

There stands, or rather stood, in the gallery of the Anthropological Building of the Columbian Exposition at Chicago, two nude statues by Professor Sargent of Boston representing the result of a multitude of measurements of the students, young men and women of Boston and vicinity, and so very fairly representing the form of the

average young American man and woman. No one who looked at these two figures but who must have felt how far behind the young man has left his sister in all that pertains to physical development and health. The figure of the young man might stand in any collection of statuary without disgrace, although not altogether up to the antique ideal, but the figure of the young woman would be sadly out of place in any collection, where the grace and beauty of the antique has fixed the ideal for all ages. Flat-chested, narrow-hipped, slender-limbed, she appears in striking contrast to her stalwart brother, who has been for generations, and still more thoroughly and universally in very recent years, emulating in all ways the youth of the Greece of old, until he stands to-day their peer. In every hall of learning the statues of the antique have been ever present to stimulate him to a development of muscle and brawn, which makes him to-day the equal of any athlete of any age.

How has it been with the young woman of civilization. It has been immodest in her to even look upon her sisters in marble of the classic age. Her lines of education have never led her to study the forms of those who by consent of all ages represent the embodiment of womanly grace and beauty, and consequent health. Does it speak well for modern civilization that while it has made athletes of its young men it is largely responsible for the invalidism of its young women. An invalidism beginning at the first blush of youth is passed and continuing through life. The Indian woman and the German peasant woman possess the first requisite of happiness, viz.: high health, which has behind it the vitality and staying power born of generations of mothers of like constitutions, to whom ordinary muscular exertion is easy, and endurance great, and who little appreciate or care for the sympathy of their delicate sisters whom such exertion would kill.

Is there no remedy for such a state of affairs? If not, then civilization fails at the vital point and is a curse instead of a blessing to half the race and must inevitably cause the whole structure to fall, for it goes without saying that the burden of race preservation and advancement is borne by the mothers. A stream cannot rise

higher than its source, and the race born of delicate mothers must be a delicate race, to say nothing of the effect upon the child throughout the formative years of childhood of the invalidism of the mother be she ever so devoted. The child ought to be born of a healthy, strong mother whose vital influence cannot fail to effect the whole career of childhood and youth and be carried forward with the happiest results into manhood and womanhood.

Now, if we are to look for this we must begin at the foundation. We must have a race of girls that will be fit mates for athletic young men, so that the comparison shown in Sargent's statues will no longer hold, but the modern girl be able to invite comparison with her sister of old and her savage sister of to-day. I believe a good copy of the Venus of Milo in every girl's room would be the best possible educator in health, for the tight-lacing would be banished and perfection of form and consequent health sought after, as her brother has learned of strength and health from the Apollo and the Gladiator. One generation will not do it, but the second may, when it is to be hoped that every physician will not of necessity be a gynecologist, but when the civilized woman will share with the Indian squaw in the ease with which she passes through childbirth, and the rosy cheek and elastic step not be left behind with the fleeting days of childhood and girlhood, but these blessings and delights follow far into the matron's life.

The outlook is for the better. Some of the absurd notions as to women are passing away, but many absurdities die hard, and we are far from coming up to all the possibilities of modern life. It is certain, however, that the gospel of hygiene for women from birth to maturity and beyond, is to be preached in season and out of season, until the dullest ear shall hear and heed, and health instead of invalidism become the heritage of women as it is now of the average man. To come to this happy condition of the world will take some generations. Many very old but very absurd ideas must be eradicated from what may be called the automatic thinking, born of many generations, which assumes for some purposes that woman is a weakling in mind and body and in some senses a

chronic invalid in mind and body, and with equal absurdity assumes that she has the endurance of a beast of burden in other directions. We speak of some men as brutes, but the comparison will not hold. The male of all other animals is more considerate of his companion than man. There is no reason why high health that shall endure through life shall not be the heritage of woman as of man, and that the Juno and Venus of antiquity shall not find worthy prototypes among the women of the nineteenth century, or if the nineteenth century is too nearly passed, then of the twentieth. But if she is to come into this glorious heritage of health, we must have a good deal less of "form," meaning the iron-plated rule of "society," and more of free and open air living, until the high health of the peasant shall be also the heritage of the highborn, and not only the heritage, but the lifelong possession. When her distinctive functions shall be neither a peril, a burden nor a bar, when the art of the gynecologist shall be seldom called for, and when the woman of high civilization shall be no whit behind in strength, endurance, and natural perfection of form, her sister of savage race, or her laboring sister of her own race.

No set of rules will accomplish this. It must get into the very air. It must pervade all classes and condition of modern society; it must enter into the very life and thought of mankind. It must become the first ambition of the girl to become strong. The girl so striving will study the marbles which tell of the perfect form of Greece in the days so long gone and seek to attain thereto so that beauty shall follow perfect health. That all this may be difficult of accomplishment is certainly true, and yet it is within the limits of the possible. The habit of good health may become as much a habit and therefore as easy as the opposite. That is the benefit of the observance of the simple laws which govern health and promote it. Before this habit of good health all fashions whose following make for ill health will fail to establish themselves. The girl and the boy will grow up alike untrameded by that which harms.

From personal to public hygiene is a short step, so short that it will always be certainly taken. The habit,

good for one will be good for many, and public opinion will follow after what is known to be for the best interest of the multitude, until many of the diseases we now most dread will only be known as a memory. As we have barred cholera from our shores and shut up within the narrowest limit yellow fever when it has chanced to make its appearance, and fought and controlled small-pox in its very lair, so these and many diseases which now hold sway in like manner are to be relegated to past history. This may be nearer than a dream. It only requires the public intelligence to be educated to a certain point when all this will come to pass. The history of all reforms has been this, viz: Long and weary years of apparently useless conflict and then victory so sudden as to astonish even the most ardent advocates. And I predict this for hygiene and sanitary science. When the public intelligence has been brought up to a proper standard, then all needful effort will follow. Before this time shall fully come the profession of medicine will do well to adopt the motto of St. Paul in the early ages of Christianity : "Be instant in season and out of season, reprove, exhort, admonish." St. Paul's words bore fruit as the Christian religion became the established faith of the Roman empire, and so will the words of the profession bear their fruit in the establishment of a higher health rate on earth. There is still an immense load of ignorance and indifference to lift ere that brighter day shall dawn, but it is surely coming, because the orderly progress of humanity demands it. The solidarity of the race is such and modern life and the demands of commerce have squeezed the world so small that whether we personally care or not for the health of the pilgrims to Mohomet's shrine, we are vitally interested that the epidemics they breed shall not be scattered by the white wings of commerce over all the globe. We can scarcely realize how closely the bands of commerce have drawn the world together, until there is no longer any foreign land, and when the common interests of humanity demand systematic sanitary management of even the uttermost parts of the earth. In this view the civilization of the world and the amelioration of the condition of the great mass of humanity becomes each year a problem not to be lightly set aside for future con-

sideration, but one that demands immediate attention. The growing importance of municipalities must show their increase of power over all laggards within their borders. It must soon come to this in our large cities, that improper and unwholesome tenement houses must disappear, to be replaced by those that shall afford comfort and health to their inmates, and neither private ignorance, or private greed, must be allowed to stop the way. In Southern cities the spread of yellow fever makes each summer the enforcement of rigid health rules comparatively easy, because of the universally recognized necessity. An equally strict rule in Northern cities would just as certainly stamp out typhoid fever. The disease whose cause we know, and whose course we can follow should be stamped out, and it is not to the credit of modern civilization that more rapid and greater progress has not been made toward eradication of these foes of humanity. As it is, the lengthening of the average of human life to-day tells us what may be done when many diseases now dreaded shall be relegated to the past, and mankind return again to the condition of the days of old when men lived to a good old age and passed away "like shocks of corn fully ripe."

The whole question is now so intimately connected with the well being of the entire race of mankind that the consideration of hygienic questions must from henceforth take first place in all that goes for human welfare, commercially and socially. The observance of hygienic laws may determine the supremacy of a city or great districts of country. The tide of immigration may be attracted to or deflected from a community or even a State, according as the world shall become convinced of the proper enforcement, on the one hand, or the disregard on the other of proper sanitary regulations. Who shall measure even in dollars and cents the value of the State Board of Health of Florida, a board which should receive from the State authorities the most liberal and encouraging support. Is it too much to say that it is and must remain a prime factor in promoting the prosperity of the State, and all honor is due to those members of this association through whose influence its establishment was procured. There are some general considerations of

hygiene which concern us as residents of Florida. The best results come in that line in which the multitude can easily follow unembarrassed by technical learning or expression. The State of Florida is enabled to utilize all the year the two prime health givers of the world, sunshine and pure air, because she possesses a climate warm enough to enable even the most delicate to enjoy to the full of these gifts of God, without which no one can exist and either of which much modified fails to bring the result desired, but which in their full purity and strength are the prime health givers and health savers of mankind. It is not too much to say of the climate of Florida that it enables the invalid to make use of the restorative power of sunlight and air to a fuller extent than almost any other territory in the world.

In conclusion, may we not hope the day is not far distant when the civilized world will witness the growth of a healthy race, women as well as men, all able for the struggle for a better existence and the most intelligent instruction and supervision by the State, that the child well born shall so far as science may be able, be protected from the approach of disease. When that day shall come this world will not be so bad a dwelling place after all, when mankind shall reach its full measure of days. A great deal lies yet between this day and that but as we look forward to the next great Continental European war, if it shall after all unfortunately come, thanks to aseptic surgery, it will be a war of recovery rather than of death, so we may look but a few years into the future when disease met at the threshold by hygienic precautions shall be shorn of its terrors because shorn of its power. Let the near future make the subject and practice of hygiene a part of every education, let it get in the very air, so shall the world grow healthy as well as wise.



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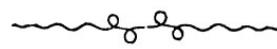
# PROCEEDINGS

OF THE

## Florida

## Medical

## Association.



SESSION OF 1895.



PROCEEDINGS

OF THE

TWENTY-SECOND SESSION

OF THE

FLORIDA MEDICAL ASSOCIATION

HELD AT

GAINESVILLE, FLA.,

APRIL 16, 17 AND 18, 1895.

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## FLORIDA MEDICAL ASSOCIATION.

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GAINESVILLE, FLA., April 16, 1895.

The Twenty-second Annual Convention of the Florida Medical Association assembled at the East Florida Seminary, in the city of Gainesville, at 3 o'clock p. m., Tuesday, April 16, 1895, in accordance with adjournment at Tampa last year.

Dr. R. A. Lancaster of Gainesville, chairman of the Committee on Arrangements, called the Convention to order, presenting the Rev. W. T. Hundley, and requesting his invocation of the Almighty's grace and blessing on the deliberations and labors of the association.

At the conclusion of the prayer Dr. T. F. Thomas, Mayor of Gainesville, was introduced by Dr. Lancaster, who, in extending a welcome on behalf of the municipality, said :

*Mr. Chairman, Ladies and Gentlemen :*

Custom has made it a duty—in this instance a very pleasant one—for the Mayor of the city, which is honored by your meeting within her walls, to deliver you an address of welcome. The redeeming feature about my address to-day will be its brevity. It is a pleasing sight to witness a throng of intelligent gentlemen eager to enter upon a session of study of profound interest and of great practical importance. Medical Science deals with objects of a higher order and gives laws to an art that concerns our common humanity. It seeks to solve the mysteries of the phenomena of life, and to this end investigates the remarkable chemistry of the human organism, pries into the cunning work of animal textures and tries to gain an

insight into the variety and complexity of the vital apparatus and its normal operations. From the information thus acquired medical science extends its researches into the changes of anatomical structures, the character and order of deranged function and the significance of symptoms which express morbid conditions. To become the better acquainted with the results of such manifold and intricate investigations and to learn best how to utilize them in an enlightened and conscientious manner for the relief of suffering and the restoration of health, are the prime objects which have brought you together to-day in our city. Appreciating the extent of your labors, we would fain contribute our mite towards your enjoyment while here. We have, in our humble opinion, the most prosperous and promising city in the State. She is indeed the queen city of Florida, as Florida is herself the queen among the sisterhood of States. She is a jewel on the fair brow of this fair State, of which we are, in good truth, proud. Exceeded by none in her beauty and general attractiveness, she will not be exceeded in her hospitality and cordial welcome to you. I therefore, as her Mayor, turn over to you, Mr. President, the keys of our beautiful little city, and bid you welcome to all her privileges, and we trust you will enjoy yourselves to such an extent that when your labors are finished and you have departed for your homes you will be able to say of us:

"When death's dark stream I ferry o'er,  
A time which surely shall come,  
In heaven itself I'll ask no more  
Than just a Gainesville welcome."

The Mayor was followed by Dr. J. F. McKinstrey, as President and on behalf of the Alachua County Medical Society, with the remark that the pleasure of greeting the friends whose hospitality they had so frequently enjoyed on similar occasions had been assigned him, and that this privilege was exercised in voicing the warmest of welcomes by the local society; a welcome not only to the city, but to the hearts and homes of its people, and expressing the hope that from every succeeding confer-

ence the members of the association should return to their patients kindlier and wiser, and better able to meet the grave emergencies of life, and to crowd each hour of the day with endeavors to extend their knowledge to higher domes of achievement, concluding with renewed assurances of the earnest purpose of every member of the Alachua County Medical Society to make the present meeting a seedtime of good for the many as well as a season of profitable and pleasurable enjoyment to all of the participants.

The commandant of the East Florida Seminary, Colonel E. P. Cater, also greeted the members of the association in the name of and for the institution which so kindly extended the use of its hall, as well as on behalf of the citizens, whom he likewise represented. Colonel Cater said:

*Mr. President and Gentlemen of the Florida Medical Association :*

It becomes my pleasant task, on behalf of the citizens of our fair city, to bid you welcome. As I do so I cannot but recall a rather striking coincidence. In the course of affairs, just after the freeze of Eighty-six and its consequent disaster to our State, the State Press Association of Florida met in our city and it became my duty to bid them welcome. I remember how their presence with us cheered us all, and amidst the gloom and barren disaster around, caused us to look forward to brighter futures and not to give up hope. So have you come to our city—under similar circumstances, under more disasters—and we hope your meeting with us shall be the means of lifting our hopes and bidding us look forward to a future for Florida which her fair climate, soil and noble population richly deserve. It seems to me that this association—the medical profession—occupies a field unique in itself and one which commends itself to the hearts of humanity. How easy a matter it is to welcome doctors. Who of us has not seen the time when we stood

upon the doorway and watched for the appearance of our family physician, wavering between hope and fear and yet trusting that he would bring the relief in which we stood so sorely in need. So we look to you as those who bring comfort and cheer to stricken homes and cause them to come up from the depths of despair and to hope again. But this association covers a field which none other does. The clergyman, the servant of the Great One, trains the soul of man by the laws set forth in His word, preparing that soul for its higher enjoyments in heaven. The teacher trains the minds of men, teaching them to so govern their minds and bring out their intellects that they may take their place in the world of humanity. Each one of these professions has its own peculiar aim and it is a noble work. What shall we say then of the profession whose end it is to build up the bodies of mankind, the caskets which contain the jewels, the heart and mind. It is certainly one which deserves the richest gratitude of the friends of humanity. And then another thing that appeals to our hearts in this medical profession is its noble charities, and only the more noble because so often unheard of. Verily, gentlemen, your word in this fulfils the word of our Great Master, "Let not your right hand know what your left hand doeth." Charities unseen and unknown; blessed to those who receive and certainly doubly blessed to him who gives, and I feel sure when the great reward comes many of you shall be greeted on the threshold of that better country with "I owed you much of my happiness in the other world and your work is known unto Him that rewards." And the Master shall say unto you, "Inasmuch as ye did it unto one of the least of these, ye did it unto me." A beautiful thought it is that, while the scientist is looking abroad over nature, while those who are engaged in the world's busy work are watching him to see what of gain there can be in his discoveries, the physician is watching, too, he is watching alike over the field of the vegetable world and over animal life for the good of his fellow man, looking way down into the depths of the earth where the powers and energies of the sun have been stored for many years, now to be used for

the benefit of millions, extracting his remedies and even levying upon the subtle electric current and applying it to those diseases which baffle all other remedies. Surely it is a noble profession and one that appeals strongly to our sympathies. I think you must have very much of the feeling of the gladiator of old as he stood before the fierce lion to measure weapons with him as you set down before some difficult disease and bring to bear upon it your knowledge and skill, battling to overcome, its energetic advances and as you see the disease gradually yielding to your efforts and when finally you have conquered it, even so, you must have the feeling of the gladiator to find that human skill can overcome such a foe. You must feel the joy of the conqueror aside from all sympathy for the patient. So a profession in itself thus exalted, numbering among its members men who have done so much for humanity can but bring to a city which it honors with its presence a benison, a lasting benison, and in view of this and on behalf of our fellow citizens I gladly bid you welcome to Gainesville hearts and Gainesville homes.

Dr. R. A. Lancaster then introduced Dr. Joseph D. Rush of Apalachicola, the President of the Association, who, on assuming the gavel, acknowledged the cordial greetings by the following remarks:

*To Hon. T. F. Thomas, Mayor of Gainesville; Dr. J. F. McKinstry, President Alachua County Medical Society and Col. E. P. Cater:*

Allow me, on behalf of the Medical Association of Florida, to extend to you our thanks and fraternal appreciations for the very cordial greetings we have received since entering the portals of your fair city as medical guests. We will hope to make this session one of advancement, interest and harmony ; one that will reflect honor on this medical body, so that when we have returned to our respective places of business we can look back with satisfaction on our work and with pleasant memories of Gainesville and her good people.

The chairman of the Committee on Arrangements

announced that the ordinary routine business of the association would now follow but invited all of the citizens of Gainesville who graced the hall—most convincing evidence of the kindly welcome already expressed in terms by their representatives—to remain, if any so desired, stating that the annual address of the President would be next in order. This address was then read by Dr. Rush and received with marked attention. (See Appendix for Address. No. 1.)

The following committees were then announced :

On Credentials—Drs. H. K. DuBois, N. D. Phillips and J. M. Jackson, Jr.

On Ethics—Drs. J. H. Hodges, J. P. Wall and C. B. Sweeting.

At the suggestion of Dr. R. P. Daniel, the Secretary, at request of the presiding officer, named the following special

**COMMITTEE ON PRESIDENT'S ADDRESS :**

Drs. R. P. Daniel, R. A. Lancaster and R. P. Izlar.

On motion of Dr. Jackson the reading of the minutes of the last meeting was dispensed with, in view of their having been put in print and duly distributed among the members.

The roll was now called and the following gentlemen responded :

|                             |               |
|-----------------------------|---------------|
| Dr. W. R. Chalker.....      | Lake City,    |
| Dr. O. S. Clyatt .....      | Judson,       |
| Dr. R. P. Daniel.....       | Jacksonville, |
| Dr. H. K. DuBois .....      | Port Orange,  |
| Dr. J. H. Hodges .....      | Gainesville,  |
| Dr. R. P. Izlar .....       | Ocala,        |
| Dr. J. M. Jackson, Jr ..... | Bronson,      |
| Dr. R. A. Lancaster.....    | Gainesville,  |
| Dr. W. R. O'Veal.....       | Cotton Plant, |
| Dr. J. Harris Pierpont..... | Pensacola,    |

Dr. N. D. Phillips..... Gainesville,  
 Dr. J. D. Rush..... Apalachicola,  
 Dr. J. M. Samuel ..... Beresford,  
 Dr. S. Stringer ..... Brooksville,  
 Dr. C. B. Sweeting ..... Key West,  
 Dr. A. M. Steen ..... Palatka,  
 Dr. J. P. Wall ..... Tampa,  
 Dr. N. A. Williams..... Dade City,  
 Dr. G. E. Welch..... Palatka,  
 Dr. R. T. Walker..... Cedar Key,  
 Dr. O. S. Wright..... Plant City,

and the Secretary, Dr. J. D. Fernandez.

The report of the Secretary was next read (see Appendix No. 2), and, at the suggestion of Dr. Daniel, in view of the several important subjects discussed, referred to a committee. On motion of Dr. Jackson, the Committee on President's Address was directed to report.

The Committee on Credentials solicited information as to the initiation fee, to which the Treasurer was asked to reply, and, on motion of Dr. Lancaster, his ruling or interpretation of the Constitution, namely that Section 10 be enforced and new members accompany their applications with five instead of three dollars, was established.

The Librarian's Report was read by the Secretary, and, on motion of Dr. Izlar, referred to the Publication Committee. (See Appendix No. 3.)

The Treasurer's Report was then made (Appendix No. 4), showing a

|                                        |          |
|----------------------------------------|----------|
| Balance on hand at last report of..... | \$636.51 |
| Collections since .....                | 275.00   |
|                                        | _____    |
| Making a total of.....                 | \$911.51 |
| Less expenditures amounting to.....    | 332.96   |
|                                        | _____    |
| Leaving a balance on hand to date..... | \$578.55 |

On motion of Dr. Izlar, the report and accompanying papers were referred to a Special Committee on Treasurer's Accounts, consisting of Drs. R. A. Lancaster, C. B. Sweeting, and R. P. Daniel.

The Committee on Credentials, through its chairman, Dr. H. K. DuBois, announced the following gentlemen as duly accredited delegates from their respective societies: Drs. W. R. O'Veal, of Cotton Plant, and R. P. Izlar, of Ocala, alternate, of the Marion County Medical Society; Dr. R. P. Daniel, of Jacksonville, Duval County Medical Society; Dr. N. A. Williams, of Dade City, Pasco County Medical Society; Dr. E. R. Weaver, alternate, Alachua County Medical Society. On motion of Dr. Lancaster the report was received and the committee continued.

Dr. J. Harris Pierpont, of Pensacola, stated that he had been duly appointed a delegate by the Pensacola Medical Society, but had inadvertently come off without his credentials. After protracted discussion, the result mainly of misapprehension and the confounding of the reports of accredited delegates and reports from their societies, a motion made by Dr. J. M. Jackson, Jr., that Dr. Pierpont's explanation be received and he be duly recorded as a delegate from the Pensacola Medical Society, prevailed.

The Secretary submitted the resignation of Dr. W. L. Patten, now of Milltown, Georgia, who desired to sever his connection on account of removal from the State. Motion by Dr. Lancaster to accept, carried.

The resignation of Dr. J. W. Ross, formerly of Pensacola, but at present located at Sewanee, Tenn., was likewise accepted.

The resignation of Dr. W. M. Ellis, now of Clarksville, Tenn., was similarly treated.

Dr. R. P. Izlar sought information as to whether a member of a County Society who was in good standing

with the State Association, although in arrears with his County Society, was entitled to an honorable discharge. The chair ruled that this was a matter in which the State Association could not act beyond its own boundaries.

The reports from County Medical Societies now being in order, the Secretary read the following report from the Marion County Medical Society:

*To the Florida Medical Association:*

GENTLEMEN:—Marion County Medical Society begs leave to make the following report: We are in a flourishing condition, interesting papers are read and discussed at each regular meeting, and fraternal feelings prevail among the members. We have twenty-two active members; have lost four by removal from the State and gained two.

Respectfully submitted,

R. P. IZLAR, M. D.,  
Secretary,

W. V. NEWSOM, M. D.,  
President.

Dr. R. P. Daniel stated that he had only received information of his appointment as a delegate from the Duval County Medical Society the day of his departure from Jacksonville, and that he was consequently not quite in shape to render a report, but that if further time was allowed him he would take pleasure in submitting a statement of the condition of said society. Further time was cheerfully accorded.

The representative of the Alachua County Medical Society preferred a similar request which was likewise granted.

Dr. J. Harris Pierpont made the following verbal report on behalf of the Pensacola Medical Society:

"Our Society has unfortunately run down somewhat during the past year. We have lost three of our members by dropping them. They seemed to lose interest and failed to attend the meetings and were accordingly stricken from the roll. We have gained one new mem-

ber. Our society, as I have before remarked, is not confined to Pensacola, but takes in the smaller places in the vicinity. We have members from Milton, Bluff Springs and Warrenton. At a recent meeting the delegate to this convention was instructed to bring the matter of expert testimony to the attention of the State Association for such action as may be deemed best. It is considered a great misfortune by our society that members of the medical profession are forced to give expert testimony—their stock in trade—and be paid only the ordinary witness fees, one dollar and a quarter. This is a question which I will bring up as a matter for discussion later. Our society also wishes to open the discussion of the school hour question again which was discussed at Tampa last year, but not settled. There has been much complaint at Pensacola, and it is the desire of our society to have something done to remedy the evil. The Pensacola Medical Society also received a communication from the Philadelphia Medical Society asking that we give an opinion upon the advisability of the insertion of advertisements in the journal of the American Medical Association. We would like this association to call up this matter and discuss it. Perhaps, however, the Secretary has received such a communication himself. Have you, Dr. Fernandez?"

Dr. Fernandez—"No, sir; no such communication has been received."

Dr. Pierpont—"I think I have a copy here. The Secretary will please read it."

Dr. Fernandez—

PHILADELPHIA MEDICAL SOCIETY,  
CORNER THIRTEENTH AND LOCUST STREETS, }  
PHILADELPHIA, PA. }

DEAR DOCTOR:—As a member of a constituent society represented in the American Medical Association, your attention is asked to a matter in which every such member has a measure of responsibility. You will find the history and present status of the question at issue set forth in the annexed report of the delegates of the Phila-

delphia County Medical Society, made on their return from the last meeting of the American Medical Association, held in San Francisco in 1894. In this connection we would call your attention to the following salient points:

1. The Code of Ethics—the moral and organic law of the American Medical Association—as is well known, not only prohibits physicians from employing secret nostrums, but declares that “in any way to promote the use” of such nostrums is reprehensible.
2. The advertising of such nostrums in the Journal of the American Medical Association, which is taking place, is certainly an attempt to promote their use. The association appears, therefore, at least tacitly, to permit the editor and trustees of its official journal to transgress, in the conduct of the Journal, the law laid down for our guidance as physicians.
3. The attention of the association having been called to the inconsistency of its course in this regard, resolutions were unanimously adopted at the Detroit (1892) meeting instructing the trustees of the Journal in future to respect this prohibition of the code in the discharge of their trust.
4. Thereupon the trustees appear to have evaded this command by adopting as their government policy the rule “that an advertisement of a proprietary medicine shall be accepted, in the discretion of the committee, when the proprietors thereof shall furnish the complete formula.” The advertisement of secret nostrums in the Journal continuing, the trustees have presumably become accessory to the secrecy, inasmuch as complete formulæ of the preparations referred to are not published. Plainly persistence in the present course results in an abrogation by indirection of a fundamental provision of the code, which should either be strictly enforced or frankly repealed.

The contention of the trustees, that without the income derived from this particular class of advertisements a deficit would result, does not in any way meet the ethical issue; nor does the precedent of other journals,

including the organ of the British Medical Association, furnish a justification for the course adopted.

The question under consideration is not one of money, but of morals. The American Medical Association cannot afford to sell its honor under any circumstances or for any price. But would not the apparent financial sacrifice entailed by an honest and hearty observance of the spirit and letter of the code of ethics in the conduct of its journal be compensated by increase of subscriptions thereto, brought about by higher respect and enthusiasm for it on the part of the members of the constituent societies?

Do the members of your society—County or State—desire the continuance of the present policy? If not it is hoped that the subject will be discussed by you at an early meeting, and formal action taken upon it.

Hoping to be promptly advised of your action, we remain sincerely yours, etc., etc.

Dr. Fernandez—With the President's approval I will not read the report referred to and printed with this as it is very long, and it will save time to have it considered by the committee when it goes to them.

Dr. Pierpont—In concluding, there is another subject I want to say a few words on, and that is that our society recommends that this association indorse the efforts that will be made shortly to secure a better law than the existing statute in regard to the examination of applicants for license to practice medicine in the State. It is hoped to have a law passed making one central board instead of having one in each district; a member from each circuit to compose the new board. This matter will be brought up later.

Dr. Izlar suggested that all such reports be referred to the Publication Committee. A motion was offered by Dr. Lancaster that the President appoint a Committee on Reports from subordinate medical societies who should consider the same, and report to the association such matters as to them seemed pertinent, was adopted. The Chair named Drs. Izlar, Chalker and Jackson as such committee.

Dr. W. H. Smoke of Luraville announced that he had a report to submit when his application for membership had been acted upon.

Dr. R. P. Izlar introduced the following resolution respecting the repeal of the law requiring the payment of a license tax by practicing physicians:

WHEREAS, Paragraph 15, section 9, chapter 4115 of the Laws of Florida, Acts 1893, provides for the payment of a license tax by physicians practicing their profession in the State of Florida; and

WHEREAS, Further, physicians in the State of Florida are often required, and do perform, medical services for persons who are entirely unable to pay for such services; that when such calls are made upon them, although fully knowing that no compensation will be received for such services, the public, humanity and their own consciences forbid a refusal to answer the calls of such persons, and they must be responded to at any and all times, day or night, and in all kinds of weather; that the State of Florida has few charitable institutions where the poor and suffering can receive such medical attention and care free of charge, and consequently such charity must come from the practicing physicians of the State of Florida; therefore, be it

*Resolved*, By the Florida Medical Association that the law set forth above is unjust and should be repealed; that any occupation tax is unjust, and that in consideration of the facts set forth above, all physicians practicing their profession in the State of Florida should be relieved of such license tax, as provided for in the act above referred to.

*Resolved, further*, that a copy of these resolutions be presented to the Senate and House of Representatives now in session at the capital, and that they be requested by this society and most respectfully urged to have that part of the act above referred to repealed in so far as it relates to the license tax to be paid by physicians.

After reading the resolution, Dr. Izler moved that a Committee on Legislation be appointed, which was duly carried.

An act for the prevention of blindness was submitted by Dr. R. P. Izlar, accompanied by a resolution memorializing the legislature in respect to its passage. The following is the text of the resolution and act:

*Be it resolved*, by the Florida Medical Association, that the Senate and House of Representatives now in session at the capital, be requested by this Association and most respectfully urged to do all in their power to have the following act passed as a law of the State of Florida:

AN ACT FOR THE PREVENTION OF BLINDNESS.

*Be it enacted by the Legislature of the State of Florida :*

SECTION 1. Should any accoucheur, midwife or nurse, having charge of an infant in this State, notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such accoucher, midwife or nurse, so having charge of such infant, to report the fact in writing within six hours to the health officer of the city, town or village, district or precinct, or some legally qualified practitioner of medicine.

SEC. 2. Any failure to comply with the provisions of this act shall be punished by a fine not to exceed \$100,00; or imprisonment in the county jail not to exceed six months, or both.

SEC. 3. It shall be the duty of the State's Attorney or County Solicitor of the county in which the parents of such infant reside, to institute and conduct such prosecutions in the name of the State of Florida, upon complaint made to him by any person interested.

In presenting the above Dr. Izlar stated that they had the hearty indorsement of the Marion County Medical Society, and he hoped that the State Association would not withhold its approval. On motion the resolutions were committed to the Legislative Committee for a report prior to any consideration or action on the part of the association as a whole.

Dr. R. P. Izlar moved that the Secretary and Treasurer be appointed a Committee of One to design and purchase twelve badges to be worn by delegates to the American Medical Association, while in attendance thereat. Said badges to remain the property of the Florida Medical Association.

The Secretary objected to assuming the responsibility of designing such badges, as on one occasion he had been empowered to get out a certificate of membership, which failed to secure the approval of some of the members—one being discourteously returned without a line in explanation—and he therefore requested not to be charged with the duty contemplated in Dr. Izlar's resolution.

On motion of Dr. Lancaster the action on the resolution was temporarily deferred.

In moving to adjourn until 8 p. m., Dr. Lancaster, chairman of the Committee on Arrangements, announced that the association would be tendered a reception to-morrow, Wednesday evening, at the Odd Fellows' Home, East Gainesville.

Before putting the motion to adjourn, the President stated that he would appoint the Legislative Committee at the next session.

Adjournment was now had until 8 p. m.

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GAINESVILLE, Fla., April 16th, 1895.

NIGHT SESSION.

The Ass'n reassembled at 8 p. m. The Pres. introduced Dr. J. Harrison Hodges, of Gainesville, the orator for the occasion, who entertained the members of the Association, and the many guests, with a most interesting and profitable dissertation on "The Physician and the

Advance of Medicine as a Science," which was listened to with marked and appreciative attention. (See Appendix No. 5.)

The Association then resumed its business session, most of the guests departing.

The President nominated Drs. J. H. Pierpont, R. P. Izlar and W. L. Moor as a Committee on Legislation.

Dr. Izlar moved that all subordinate societies be requested to make their reports in writing, which was carried.

Dr. Wall moved that the resolution just adopted be referred to the Committee to whom the reports from subordinate societies had been consigned. Carried.

On motion of Dr. Walker, the Secretary, read a paper submitted by Dr. R. L. Harris, of Orlando, entitled "Report of a Case of Perinephritic Abscess." At its conclusion it was referred to the Committee on Publication. (See Appendix No. 6).

Dr. Izlar inquired if the association had adopted any publication as its official organ, to which the Secretary responded that it had not; that the matter had been discussed at various times, and that it was finally resolved at the Jacksonville session to permit members to send papers read before the association to any periodical they might elect, provided it was duly credited as being first read before the Florida Medical Association, and further that a duplicate was placed in the hands of the Secretary.

The Committee on Credentials reported the following applications for membership, duly indorsed:

|                                 |                |
|---------------------------------|----------------|
| Dr. James F. McKinstry, Jr..... | Gainesville,   |
| Dr. W. H. Smoke.....            | Luraville,     |
| Dr. J. H. Livingston .....      | Jacksonville,  |
| Dr. S. G. Worley.....           | St. Augustine, |
| Dr. Edward C. Atwood.....       | Daytona,       |

Dr. D. F. Jones.....Hampton,  
 Dr. Will R. Groover.....Fort White,  
 Dr. Harry Stites.....West Palm Beach,  
 which, under the constitution, are required to be held  
 until to-morrow's session before receiving further atten-  
 tion.

Adjournment was then had until Wednesday, the  
 17th, at 9 a. m.

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GAINESVILLE, Fla., April 17, 1895.

MORNING SESSION.

The association convened in accordance with adjourn-  
 ment promptly at 9 o'clock. Minutes of the sessions of  
 the afternoon and evening of yesterday were read and  
 approved.

On motion of Dr. Jackson, the association proceeded  
 to the election of new members. Dr. Fernandez, Secre-  
 tary, cast the vote of the association in the affirmative  
 by unanimous consent in favor of the gentlemen named  
 in the report of the Committee on Credentials received at  
 the last session, to-wit :

|                                     |                  |
|-------------------------------------|------------------|
| Dr. James F. McKinstrey, Jr., ..... | Gainesville.     |
| " W. H. Smoke.....                  | Luraville.       |
| " J. H. Livingston.....             | Jacksonville.    |
| " S. G. Worley .....                | St. Augustine.   |
| " Edward C. Atwood .....            | Daytona.         |
| " D. F. Jones.....                  | Hampton.         |
| " Harry Stites.....                 | West Palm Beach. |

The President declared them duly elected.

The Secretary read a communication from Dr.  
 DeWitt Webb, of St. Augustine, expressing regret at  
 his inability to attend this gathering of the association  
 and voicing the hope that the anticipations for a most  
 successful meeting might be fully realized.

Dr. Izlar, as chairman of the Committee on Reports from Subordinate Societies, submitted the following, which was received and the committee continued:

Your Committee on Subordinate Societies beg leave to submit the following partial report, the same being all which has been brought to their notice so far:

That the report of the Marion County Medical Society be referred to the Committee on Publication.

The report of the Pensacola Medical Society, in so far as it relates to the following-named subjects, to-wit: The sending to the Supreme Court for a decision on a test case to determine the compensation in expert testimony; 2d, the necessity for revising existing medical laws; 3d, the school questions relating to the number and division of school hours, be referred to the Legislative Committee.

That portion concerning the communication from the Philadelphia County Medical Society be referred to the Committee on Ethics.

All of which is respectfully submitted.

(Signed)

R. P. IZLAR,  
W. R. CHALKER,  
J. M. JACKSON, JR.

The following report from the Duval County Medical Society, submitted by Dr. R. P. Daniel, delegate, was read, and on motion received and ordered placed on the record:

*Mr. President :*

As a delegate from the Duval County Medical Society, I would report respectfully that the condition of the society during the past twelve months has not been particularly prosperous. Our membership has been increased by two and decreased by one, we having lost by death a most valued associate, not only in our society but in our profession, Dr. Charles J. Burroughs. While we have had many interesting and profitable papers and discussions during the year, the average attendance at meetings has been small and I fear that the habit of permitting

trivial grounds of excuse to plead justification for non-attendance is growing upon us. Our society is heartily in accord with the circular lately issued by the President of the Florida Medical Association in relation to the license tax upon physicians in this State, and will lend its aid in endeavoring to procure a repeal of the law.

Respectfully,

(Signed)

R. P. DANIEL,

Delegate D. C. M. S.

The chairman of the Committee on President's Address tendered the following report, which was likewise received and ordered spread upon the minutes:

The Special Committee to whom was referred the President's address and the annual report of the Secretary, respectfully advise that such portion of the address as relates to the license tax on physicians be referred to the Committee on Legislation, and that the address as a whole be referred to the Publication Committee.

In regard to the report of the Secretary, the committee would note a communication transmitted therewith from Dr. Jerome Cochran and others of a committee on the part of the American Medical Association in reference to concert of action on the part of our profession in using its influence to aid in the creation of a National Health Bureau. While this association has already passed resolutions to that effect we deem it eminently proper to again urge upon the members of our profession in Florida the importance of using their influence, individually and collectively, to further this much-to-be-desired end.

Referring to the preamble and resolutions transmitted from the Marion County Medical Society, your committee suggests that the same be referred to the Committee on Legislation; advising, however, that in the first resolution the words "that any occupation tax is unjust" be stricken out.

In reference to the communications of Dr. Atkinson, Secretary of the American Medical Association, conveying copy of a preamble and resolution adopted by said

association, at its session of last year, in reference to co-operation, your committee advises a resolution of approval on part of this association.

Respectfully,

R. P. DANIEL,  
R. A. LANCASTER,  
R. P. IZLAR,

Committee.

Dr. R. A. Lancaster, chairman, presented the following:

"Your Committee on Accounts have examined the Treasurer's Report and find the same correct."

(Signed)

R. A. LANCASTER,  
CHAS. B. SWEETING,  
R. P. DANIEL,

Committee.

The report was received and the committee discharged.

Dr. W. H. Smoke, of Luraville, made a verbal report as a delegate from the Medical Society of the Third Judicial District, which was listened to with interest. Dr. Smoke, in rendering this report, said:

I would ask that the Secretary read the newspaper account of the proceedings of our little body, which I have placed on his desk. An account of a meeting of the Third Judicial District Medical Society.

Secretary read as follows:

LIVE OAK, Fla., April 3d, 1895.

The Medical Society of the Third Judicial Circuit of Florida met in the office of Drs. Overstreet and Long. The meeting was called to order by Dr. H. F. Airth, chairman pro tem. The roll was called and the following gentlemen answered to their names: Doctors H. F. Airth, L. M. Anderson, W. M. Hicks, S. T. Overstreet, I. P. Allreid and J. W. Long. The minutes of the last meeting were read and approved. The committee appointed to have the Constitution and By-laws and Fee

Bill of the society, printed in pamphlet form, made a report, which was accepted and committee dismissed and bill for same ordered paid. The committee appointed to draft resolutions in regard to the license tax now imposed upon the physicians in the State of Florida, made the following report, which was accepted with some amendments.

WHEREAS, The State, at its last session of the Legislature imposed a license tax on all practicing physicians in the State and, as we deem it unjust and a great hardship upon a profession which is daily doing and has ever done more charitable practice and work than all other trades and professions combined, therefore, be it ■■■

*Resolved*, By the Third Judicial Circuit Medical Association, that we respectfully ask our Senator and Representatives in the Legislature now assembled, to use their best efforts to have said law repealed. That a copy of these resolutions, etc., be sent to each of our representatives and also that a copy be furnished to *The Banner* for publication.

The name of Dr. L. T. Boatwright was proposed for membership of the society and he was unanimously elected.

On invitation of Dr. L. M. Anderson the society agreed to hold its next regular meeting at White Springs.

There being no other business before the society the meeting adjourned until the next regular meeting in July.

J. W. LONG, M. D.,  
Secretary and Treasurer.

Dr. Smoke continued : I will state in regard to our district society that we are in a good, flourishing condition, and have about fourteen members. We have never lost any, and there is great interest manifested at each meeting, which is held quarterly. I have the honor, on behalf of our society, to extend this association a most cordial invitation to meet at Live Oak next year.

On motion of Dr. Lancaster, Dr. Smoke's kind invitation for the association to meet at Live Oak was

acknowledged with thanks, and his report of the state of the society he represents was ordered placed in the hands of the Committee on Subordinate Societies.

Dr. N. A. Williams of Dade City likewise made a verbal report for the Pasco County Medical Society. He said :

We organized in Pasco County something less than a year ago. I think we have about seven members. Our Secretary is Dr. B. L. Rae of Dade City ; our President, Dr. G. W. Gatton of San Antonio. We are in accord, Mr. President, with the advancement of medicine, the enforcement of the medical laws of the State, and since our organization we have been able to bring before the bar of legal justice some who have been engaged contrary to the present laws in the practice of medicine, and our last grand jury brought in indictments. I think that there is a matter which has not been sufficiently referred to, and that is with regard to the license tax. We have discussed the matter in our society, and are seriously opposed to it, and we hope and trust we will have some one to represent us at Tallahassee to bring the matter before the proper legislative committees. I do not know of anything else. We are young yet. This is the first regular organization in Pasco County. We had a society organized two or three years ago, but there was some irregularity, and we were deprived of any connection with the State Association. Our meetings are monthly.

On motion of Dr. Izlar Dr. Williams's report was ordered referred to the proper committee.

The Secretary announced that he was in receipt of a number of copies of the Journal of the American Medical Association which the management had kindly sent for distribution. On motion of Dr. DuBois the Secretary was directed to write and thank the Journal for its thoughtful remembrance.

Dr. J. H. Hodges made the following verbal report on behalf of the Alachua County Medical Society:

With your permission, Mr. President, I will make the following verbal report: I will say that the Alachua County Medical Society has seventeen members, holds meetings regularly, unusually interesting and benefitting. We are proud of our members, and we are prouder yet of the spirit of advancement in medicine. Our relations with each other are very harmonious indeed, and we are becoming more and more progressive.

The association next proceeded with the reading and discussion of papers, the first being under the section of medicine, by Dr. C. B. Sweeting of Key West, styled, "Typhoid or Continued Fever?" At its close it was generally discussed, and referred to the Committee on Publication. (See appendix No. 7.)

The Committee on Reports from Subordinate Societies tendered the following, which was received, and the committee continued:

Your Committee on Subordinate Societies beg leave to report as follows:

We recommend that the reports of Alachua, Duval and Pasco County Medical Societies be referred to the Publication Committee.

We further recommend that the resolutions of the Third Judicial Circuit Medical Society be referred to the Legislative Committee.

Respectfully submitted,

R. P. IZLAR,  
W. R. CHALKER,  
J. N. JACKSON, JR.

The paper of Dr. C. Drew of Jacksonville, entitled, "Muscular Asthenopia," in the author's absence, was read by Dr. R. T. Walker, and ordered placed in the hands of the Committee on Publication. (See appendix No. 8.)

Another paper, contributed by an absent member, was that of Dr. W. B. Rush of Orlando, under the caption, "Indications for Pilocarpin," which was read by

Dr. H. K. DuBois, discussed and referred to the Committee on Publication. (See appendix No. 9.)

At this juncture Dr. J. H. Hodges solicited permission to interrupt the proceedings so far as to introduce a patient—a little three-year and five-months old child—suffering from epileptic seizures, who was present with his father, the anxious parent hoping to receive some suggestions leading to the little sufferer's betterment. Dr. Hodges related his connection with the case, and the patient was examined, and the father and those who had given him medical attention questioned, and the case discussed in an informal way by those most interested.

A paper on "Occlusion of the entire cervical canal," furnished by Dr. Theo. Turnbull of Monticello, was read by Dr. Stringer, chairman of the section to which the paper belonged, discussed and referred to the Committee on Publication. (See appendix No 10.)

Dr. J. H. Hodges next made a verbal report of a case of ovariectomy, which was listened to with great interest and discussed.

Dr. Lancaster, for the Committee on Arrangements, repeated his notice and invitation of a reception at the Odd Fellows' Home from 8 to 11 this evening, and in addition extended an invitation for the association to witness a dress parade of the cadets of the East Florida Seminary at 3:30 p. m., which invitation, on motion of Dr. Stites, was accepted with the thanks of the association.

On motion of Dr. Hodges the election of officers was made a special order of business for 5 p. m.

The chairman of the Committee on Arrangements called attention to some samples of medicine which Wm. Warner & Co. had sent him to be distributed among the members.

The association then adjourned until 2:30 p.m.

GAINESVILLE, Fla., April 18, 1895.

AFTERNOON SESSION.

The association reassembled at half-past 2 o'clock, as per adjournment.

The minutes of the morning session were read and approved.

The Secretary read a telegram from Dr. D. M. Smith, of Ocala, explaining his absence, the result of his wife's illness, and expressing his regrets.

In accordance with constitutional requirement the Secretary read the applications for membership of Drs. Bailey, F. Julian, of Archer, and Diego M. Echemendia, of Tampa.

The Secretary reported the arrival of the following additional members:

|                          |               |
|--------------------------|---------------|
| Dr. J. N. D. Cloud.....  | Newnansville. |
| " Frank H. Caldwell..... | Sanford.      |
| " Joseph Y. Porter.....  | Key West.     |
| " G. W. Strickland.....  | Waldo.        |
| " E. C. Van Hood.....    | Ocala.        |
| " W. V. Newsom.....      | Ocala.        |

On behalf of the Legislative Committee, Dr. J. H. Pierpont made the following report:

We, your Legislative Committee, beg leave to report:

1st. We recommend taking such action in having the license tax repealed as seems best in the estimation of the association.

2d. We report favorably upon the question of An Act to Prevent Blindness.

3d. We recommend that the question of school hours be laid on the table until the next annual meeting.

4th. We recommend that a test case be sent to the Supreme Court to determine the question of expert testimony fees.

5th. We recommend that an act be submitted to the Legislature, providing for the formation of a State Medical Examining Board.

6th. We indorse the effort now being made to establish a National Bureau of Public Health.

(Signed)

J. H. PIERPONT,  
R. P. IZLER.

The reading of this report provoked protracted discussion in reference to that portion relating to a test case being made of the law requiring expert medical testimony without adequate compensation.

A motion by Dr. R. P. Daniel that the association empower a committee, composed of the President and Secretary, with authority to investigate, and, at their discretion, take a case to the Supreme Court, the expense thereof—not to exceed two hundred and fifty dollars (\$250)—to be borne by the association, was voted down.

Dr. R. A. Lancaster moved the reception and adoption of the report as just read, *seriatim*, which was carried, and Dr. Stringer followed with a motion that a committee be appointed to memorialize the Legislature respecting the first, second and fifth sections of the report, submitting their work to the association at its next session. Drs. Pierpont, Daniel and Stringer, were named as such committee.

At 3.30 p. m. a recess of half an hour was taken to accept the invitation of the commandant of the East Florida Seminary and witness the dress parade of the cadets.

On the resumption of business at 4 o'clock, the election of officers—made the special order of business for 5 o'clock—was reconsidered, and that portion of the proceedings advanced an hour, and at once taken up.

The names of Drs. H. K. DuBois, of Port Orange, and C. B. Sweeting, of Key West, were placed in nomina-

tion for the presidency; a ballot resulting in the selection of Dr. Sweeting, which, on motion of Dr. Lancaster, was made unanimous.

Dr. J. F. McKinstry, of Gainesville, being suggested for First Vice-President, on motion of Dr. Pierpont, the Secretary was authorized to cast the vote of the association in the affirmative and he was duly elected.

Dr. W. R. Chalker, of Lake City, was similarly selected as Second Vice-President.

The choice of a place for the next meeting then being taken up, and Live Oak, Ocala, Jacksonville and Sanford extending invitations, a ballot was taken with the result that the Twenty-Third Convention of the Florida Medical Association will be held at Sanford.

On motion of Dr. J. Y. Porter, the first Tuesday in April, 1896, was decided upon as the date for the next meeting.

Dr. R. P. Izlar addressed the association in reference to his resolution of yesterday, looking to the designing and purchase of badges for delegates to the American Medical Association, soliciting action of some character. On motion of Dr. Caldwell it was made the special order of business for 5 o'clock Thursday afternoon.

The reading of papers was then resumed, Dr. J. Harris Pierpont, of Pensacola, engaging the attention of the association in reference to "The Association of Medical Examining Boards." After listening to his paper and indulging in its discussion it was referred to the Committee on Publication. (See Appendix No. 11.)

A report from the Committee on Credentials was next read, accrediting Dr. Bailey F. Julian as a regularly appointed delegate from the Alachua Medical Society.

The next paper on the list was, "Rest and Its

Results," by Dr. DeWitt Webb, of St. Augustine, and the author not being in attendance, it was moved and carried that the reading of this paper and other papers whose authors are not present be deferred until after the reading of such as are accompanied by their writers.

Under the section on Surgery, the Secretary stated that the first paper, that on "Perinephritic Abscess," had already been listened to, and Dr. Caldwell apologized for the absence of the next—"Suppurating Pelvic Cellulitis," saying that Dr. Junius F. Lynch, its author, had been hastily summoned to Virginia and he (Dr. Caldwell) had been unable to get at it.

Dr. R. P. Izlar favored the association with a report of a case of "Carcinoma of the Larynx," which was received with attention and duly referred to the publication committee. (See Appendix No. 12.)

The paper on "Rectal Ulcers," next on the programme, reported to the chairman of the section by Dr. D. M. Smith, of Ocala, was not considered as both author and paper were absent.

Dr. S. Stringer, of Brooksville, read a paper on "Unusual Complications in Compound Fracture of the Humerus," which, after being humorously discussed by the author, was referred to the Committee on Publication. (Appendix No 13.)

Dr. J. N. D. Cloud, of Newnansville, followed with a paper on "Abdominal Surgery," which took the usual course of discussion and reference to the Publication Committee. (No. 14.)

The association, at this juncture, adjourned until 8:30 a. m., Thursday.

GAINESVILLE, FLA., April 19, 1895.

MORNING SESSION.

The association was called promptly to order at 8:30 o'clock by the President-elect, Dr. D. B. Sweeting.

The minutes of the session of Wednesday afternoon were read and approved.

On motion of Dr. R. P. Daniel, Dr. J. P. Wall's paper—"Public Hygiene in the Light of Recent Observations and Experiments"—was made the special order of business for 9:30 a. m.

The Secretary presented the names of Drs. Deigo M. Echemendia of Tampa and George Troupe Maxwell and Claude Joyner of Jacksonville, whose applications for membership had been favorably acted upon by the Committee on Membership. On motion of Dr. Steen, the Secretary was empowered to cast the vote of the association in the affirmative, and the gentlemen named were declared elected.

The President announced the following committees for the ensuing year:

CHAIRMEN OF SECTIONS:

Medicine.....Dr. H. K. DuBois, Port Orange  
Surgery.....Dr. J. H. Hodges, Gainesville  
Gynecology.....Dr. J. P. Wall, Tampa  
Hygiene.....Dr. J. Y. Porter, Key West  
Diseases of Children.....Dr. W. R. Chalker, Lake City

Committee on Publication—Drs. R. P. Daniel, F. D. Miller and J. H. Douglas, all of Jacksonville.

Committee on Ethics—Drs. R. A. Lancaster of Gainesville, J. Harris Pierpont of Pensacola, and Frank H. Caldwell of Sanford.

Committee of Arrangements—Drs. Frank H. Caldwell and Junius F. Lynch of Sanford, with power to add.

Orator—Dr. Junius F. Lynch of Sanford.

Delegates to the American Medical Association—Drs. J. P. Wall, Tampa; Harry Stites, West Palm Beach; R. P. Izlar, Ocala; J. D. Fernandez, Jacksonville; Frank H. Caldwell, Sanford; J. Harrison Hodges, Gainesville; George E. Welch, Palatka; M. T. Alexander, Apalachicola; Columbus Drew, Jacksonville; R. D. Murray, Key West; R. N. Phillips, Gainesville, and J. Harris Pierpont, Pensacola.

"The Care and Treatment of Children," a paper by Dr. R. H. Dean of Jacksonville, who was unable to attend, as explained in his note read at the first session, was taken up, and at its conclusion took the usual course. (Appendix 15.)

"Rest and Its Results," a monograph by Dr. DeWitt Webb of St. Augustine, also absent, was next read, Dr. Steen kindly reading same at request of the association. Referred to the Publication Committee. (See appendix No. 16.) (Appendicitis—Webb—17.)

Dr. R. P. Izlar offered the following resolution in evidence of the association's appreciation of the cordial reception and hospitable care of the members during their sojourn in Gainesville:

*Resolved*, That the thanks of this association are hereby tendered the Alachua County Medical Society and their friends for their very elegant entertainment and their kind and hospitable treatment of the members of the Florida Medical Association while in their beautiful city, and especially for the banquet given in their honor.

Unanimously carried.

Dr. J. Y. Porter referred to the publication by the State Board of Health of an annual catalogue of the physicians

of the State, explaining that the Board has primarily undertaken it in their efforts to further the collection of the vital statistics of the State; that this had been accomplished, and that while in future he would be quite willing to compile the pamphlet, so far as the labor of so doing was entailed, the Board did not feel that it could longer continue to defray the expense of printing, and suggesting that the association assume its publication. Some slight discussion ensued, Drs. Daniel, Fernandez and DuBois being of Dr. Porter's way of thinking, that it was an item of medical literature, towards which the funds of the association might be most advantageously and legitimately devoted, its promulgation tending greatly towards the promotion of the standard of medicine in Florida. On motion of Dr. DuBois the Treasurer was empowered to pay for its publication from the funds of the association to the number of five hundred copies, and not to exceed the sum of forty dollars per year.

Dr. Wall entering the hall, and it being a few minutes of the hour set apart for the consideration of his paper, the order of business was suspended, and to very marked attention on the part of his confreres, the gentleman commenced the reading of his paper on "Public Hygiene in the Light of Recent Observations and Experiments." (Appendix 18.) It was observed that he read with great difficulty and under suppressed excitement, the stress under which he seemed to labor being so great at times as to cause him repeatedly to pause and to sip water. He had proceeded but a very short distance—but eight or nine minutes having elapsed since his entrance—when he reeled and fell, striking the floor before he could be reached by even those nearest him, and although everything was done that the knowledge and experience of his distressed colleagues could suggest,

it was immediately seen that the spark of life had fled and their beloved friend and comrade was no more.

On motion of Dr. Jackson the association at once adjourned, the President appointing Drs. J. M. Jackson, Jr., F. H. Caldwell, J. Y. Porter, R. P. Izlar, S. Stringer, A. K. DuBois and C. B. Sweeting a committee to make all necessary arrangements in connection with the sad event and, as an escort of honor and respect, to accompany the remains to Tampa.

Before the motion to adjourn was put, Dr. Stites suggested that the Legislative Committee, which had a very important report to render, be given authority to take such action in relation to memorializing the Legislature in regard to the Medical Practice Act and License Tax as they deemed expedient, with power to add such members as they desired to the committee. (See Appendix No. 19.) Drs. Stringer, Daniel and Jackson were also appointed to formulate and have published fitting resolutions touching the tragic end of their late associate.

The association was then declared adjourned until the first Tuesday in April, 1896, at Sanford.

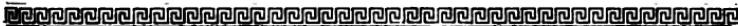
C. B. SWEETING,

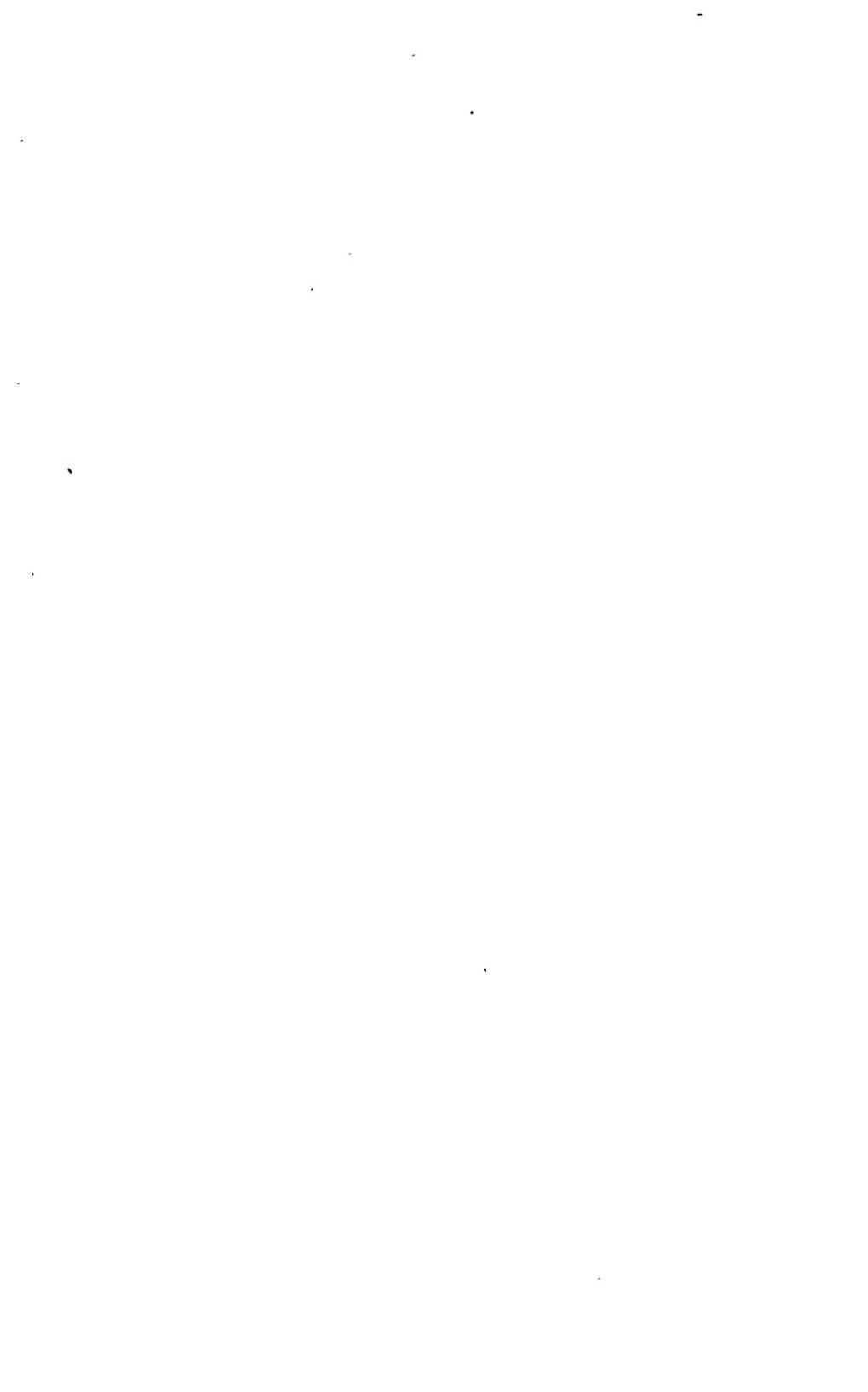
President.

J. D. FERNANDEZ,  
Secretary.



## APPENDIX.





NO. I.  
**PRESIDENT'S ADDRESS.**

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*Gentlemen of the Medical Association of the State of Florida:*

In the providence of a wise Creator we have been permitted to assemble at this appointed time and place.

I extend to you a hearty greeting and thank you for your presence and for the interest you show in these annual meetings. Your presence, at this hour, bespeaks the duties incumbent upon every member of this association. Again I must sincerely thank you for the high honor you have conferred upon me, in selecting me as your presiding officer at our last annual meeting, held in the city of Tampa.

In this lovely city of Gainesville, where we have been so warmly and kindly invited to come as medical guests, I greet you with pleasure, full of happy anticipations for a very pleasant and profitable session.

When I consider that my predecessors have been men of distinction in the profession, men who have so ably and faithfully represented you, I feel my inability to meet the demands of the hour.

But duty demands that we go forward, hence for a short while I shall ask your kind indulgence.

Since we last met I have considered the various points of interest bearing directly on the medical men of Florida and their constituents, and find that we, as a medical body, are improving in the general system of sanitation and hygiene; That we are advancing in medical science and mutual interest, and harmony fore-shadows our action for the future. I am glad to learn of the general conformity to both State and medical laws. I have placed before the medical profession of this State a circular letter showing what I considered to be an

unjust burden in the form of a license tax to practice medicine and asking their co-operation, that we bring to bear the necessary influence with each representative to the April term of the Florida Legislature of 1895, and have it repealed.

I wish I had the eloquence to inspire you, as the hour demands, but when I contemplate the unexplored fields of medical science that are now before us yet to be developed I can but shrink into mental insignificance.

But, on the other hand, when we take a retrospective view of medical history for the last quarter of a century and behold the marvelous progress made, we are ready to write out a prognosis for future history that will stand out in golden letters across the gateway of fame, reflecting honor on our forefathers and credit to the nineteenth century.

With this inspiration for the future of our time-honored profession I stand before you as a member and brother of this noble calling and offer words of comfort, consolation and cheer to you, gentlemen of the Florida Medical Association.

We are here assembled as the medical representatives of a people and country for the purpose of disseminating and substantiating medical truths, as observed and experienced by the profession since we last met in this capacity. I would call special attention to a few of the more prominent evils, in which the hygienic laws of health can best be applied through the medical profession.

Our duty as medical men to condemn the excessive use of tobacco, especially the dwarfing and deadly habit of cigarette smoking among the youth of this age. It is reaching a point of alarm, and, as a result from such indulgence, we have symptoms and diseases of almost every name in the medical catalogue.

And last, but not least, the sacred and moral duty of medical men in using their influence against alcoholic intemperance from a medical standpoint. This grave question, I fear, has not the consideration at our hands that it so justly deserves; history, observation and sta-

tistics prove the great necessity of our profession being awake to this monster evil that is swaying the nations.

This is an age of rapid and premature development, an age of early decay, notwithstanding we live and move in the central light of the knowledge of the nineteenth century. Therefore, it becomes the duty of every member of this body to feel himself a part of the whole, in order that the greatest good may be accomplished and harmony prevail.

The health reports of our State for the year 1894 show that no diseases of an epidemic, contagious or infectious character have prevailed; That our system of quarantine, through our State and County boards, and our very efficient State Health Officer, has kept the dread monster yellow fever within due bounds.

While I am a strong advocate and approve of a vigilant quarantine, I am convinced from statistics and observation that in order to hold in abeyance those diseases subject to quarantine a systematic and coercive law of municipal hygiene must be enforced. I am not just prepared to say how and to what extent our statuatory laws can be applied on this line, but it is one of the prime factors before every medical man, and in which he is called to act for the good of humanity. I believe that medical, as well as municipal, hygiene is one of the features above many others that we too often sadly neglect for the good of those who look to our timely advice and keeping.

How often have we had our attention called to what we believed to be lost opportunities. It behooves us as the guardians of both life and death to be as the watchmen on the walls of a great city.

We are making history for future generations as did those venerable men Pasteur, Lister, Bartholow, Flint, Gross, Koch and others now before the medical world as the light of the day.

Coming on down to the very threshold of to-day our attention is directed to Behring of Berlin and Roux of Paris, proclaiming to the scientific medical world the great discovery they have made in the application of

antitoxine in diphtheria as almost a specific. What greater monument to these gentlemen and to this age than this which promises to give relief to one among the most unmanageable and fatal diseases known to medical science.

As the discoverer (Jenner) of vaccination to antidote that loathsome disease, small-pox, that once claimed its victims almost innumerable, but now with this golden specific, properly applied, makes it, comparatively speaking, a thing of the past.

In conclusion, I would say take courage, and march to the front sanguine that we, as the Florida Medical Association, shall ever be found striving to unfold and develop the hidden resources of medical science, and by so doing show to the world that our profession has been true to its high and noble calling; that it has deeply felt and wisely considered its responsibilities to itself and its obligations to society.

JAS. D. RUSH, M. D.,  
President.

NO. 2.

**SECRETARY'S REPORT.**

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JACKSONVILLE, Fla., April 16, 1895.

*To the President and Members of the Florida Medical Association:*

GENTLEMEN—As soon as the stenographer could complete his work and I could procure all of the papers read before the association I placed them in the hands of the Publication Committee. It does not seem to be thoroughly understood that after a paper is read before this association that it becomes our property and should be placed at once in the hands of the Secretary. I have urged this upon the members reading papers, but they quite often say that they had not had time to complete a paper or wanted to make some changes in it, and would send it to me just as soon as they got home. Of course I cannot refuse such a request, and if the paper was soon forthcoming it would not delay our publication; but, unfortunately, the member goes home and does not think of the paper again, and it leads to endless correspondence and delay, and it has happened that we never got the paper at all. In July I received five hundred copies of our proceedings from the Publication Committee and distributed the same to our membership and exchanged with nineteen national and forty-five State associations. I received the following communication from Secretary of Am. Med. Assn., with the request that I bring it to your attention. (See circular letter from Dr. Atkinson.) Also communication from committee from Am. Med. Assn., Dr. Jerome Cochran, Chr. Also communication from Alachua Co. Med. Society. (See paper.)

Early in February, 1895, the President sent the fol-

lowing circular and directed me to have it printed and distributed among the profession of the State. (See post card.)

In February I notified the chairman of the several sections of the approaching meeting and it is gratifying to note that they have succeeded in getting the promise of quite a number of papers.

In March I issued the annual circular and mailed a copy to all of our members and quite a number of physicians who are not members inviting them to come and join us and assist us in our endeavor to procure legislation to the benefit of the people and the profession.

Trusting that my acts for the year as your Secretary will meet with your approval,

I am very truly yours,

J. D. FERNANDEZ,  
Secretary.

#### NO. 3.

#### LIBRARIAN'S REPORT.

April 15, 1895.

Gentlemen—

The additions to the library since last report have been twenty-six volumes. Of these twenty-four are the annual reports of nineteen State medical societies, and two the annual reports of two State Boards of Health. This makes a total of four hundred and fifteen volumes and pamphlets in the library.

Respectfully,  
J. H. DOUGLAS,  
Librarian.

## NO. 4.

## TREASURER'S REPORT.

DR.

|                                                                      |          |
|----------------------------------------------------------------------|----------|
| To balance cash on hand last report at Tampa,<br>March 21, 1894..... | \$636 51 |
| To ann. dues, Dr. P. J. Stollenwerck, 1893.....                      | 3 00     |
| "    "    " R. B. Burroughs, 1894.....                               | 3 00     |
| "    "    " C. R. Oglesby, 1894.....                                 | 3 00     |
| "    "    " H. K. DuBois, 1894.....                                  | 3 00     |
| "    "    " W. L. Moor, 1894.....                                    | 3 00     |
| "    "    " J. D. Rush, 1894.....                                    | 3 00     |
| "    "    " M. T. Alexander, 1894.....                               | 3 00     |
| "    "    " John P. Wall, 1893.....                                  | 3 00     |
| "    "    " R. L. Harris, 1893.....                                  | 3 00     |
| "    "    " T. S. Anderson, 1894.....                                | 3 00     |
| "    "    " F. M. Wilson, 1894.....                                  | 3 00     |
| "    "    " R. A. Lancaster, 1894.....                               | 3 00     |
| "    "    " Charles T. Henderson, 1894..                             | 3 00     |
| "    "    " Joseph Clark, 1894.....                                  | 3 00     |
| "    "    " J. G. Barnett, 1894.....                                 | 3 00     |
| "    "    " G. H. Alltree, 1894.....                                 | 3 00     |
| "    "    " W. P. Lawrence, 1894.....                                | 3 00     |
| "    "    " S. Stringer, 1894.....                                   | 3 00     |
| "    "    " G. A. Dwelley, 1893.. ..                                 | 3 00     |
| "    "    " L. S. Smith, 1894.....                                   | 3 00     |
| "    "    " W. B. Rush, 1894.....                                    | 3 00     |
| "    "    " H. H. Stebbins, 1894.....                                | 3 00     |
| "    "    " G. H. Symes, 1894.....                                   | 3 00     |
| "    "    " W. R. Chalker, 1894.....                                 | 3 00     |
| "    "    " J. L. Davis, 1894.....                                   | 3 00     |
| "    "    " J. W. Douglas, 1894.....                                 | 3 00     |
| "    "    " Chas. B. McKinnon, 1894....                              | 3 00     |
| "    "    " F. F. Smith, 1892 and 1893..                             | 8 00     |

|                                                            |          |
|------------------------------------------------------------|----------|
| To ann. dues, Dr. Orlando S. Clyatt, 1894.....             | 3 00     |
| "    "    " H. Bacon, 1893.....                            | 3 00     |
| "    "    " J. W. Ross, 1893 and 1894...                   | 6 00     |
| "    "    " J. L. Horsey, 1892, 1893, 1894..               | 11 00    |
| "    "    " F. H. Caldwell, 1893 and 1894                  | 6 00     |
| "    "    " C. B. Sweeting, 1894.....                      | 3 00     |
| "    "    " C. Drew, 1894.....                             | 3 00     |
| "    "    " R. P. Izlar, 1894... ..                        | 3 00     |
| "    "    " E. T. Sabal, 1894.....                         | 3 00     |
| "    "    " Olin S. Wright, 1894.....                      | 3 00     |
| "    "    " G. W. Lancaster, 1894.....                     | 3 00     |
| "    "    " E. L. Stewart, 1894.....                       | 3 00     |
| "    "    " G. E. Hawes, 1894.....                         | 3 00     |
| "    "    " J. N. McLane, 1894.....                        | 3 00     |
| "    "    " Sollace Mitchell, 1894.....                    | 3 00     |
| "    "    " H. F. Airth, 1893 and 1894..                   | 6 00     |
| "    "    " R. P. Daniel, 1894.....                        | 3 00     |
| "    "    " O. E. Worcester, 1894.....                     | 3 00     |
| "    "    " Theodore Turnbull, 1893, 1894                  | 6 00     |
| "    "    " Andrew Anderson, 1894.....                     | 3 00     |
| "    "    " George B. Maloney, 1892,<br>1893 and 1894..... | 11 00    |
| "    "    " Joseph Yates Porter, 1894....                  | 3 00     |
| "    "    " M. Richard, 1894.....                          | 3 00     |
| "    "    " M. Coleman, 1894.....                          | 3 00     |
| "    "    " L. W. Weedon, 1894.....                        | 3 00     |
| "    "    " E. M. Palma, 1894.....                         | 3 00     |
| "    "    " A. S. Baldwin, 1894.....                       | 3 00     |
| "    "    " Pastor Burgos, 1892, 1893,<br>1894.....        | 11 00    |
| "    "    " Junius F. Lynch, 1892, 1893,<br>1894.....      | 11 00    |
| "    "    " N. D. Phillips, 1894.....                      | 3 00     |
| "    "    " Neal Mitchell, 1894.....                       | 3 00     |
| "    "    " J. C. Pelot, 1892, 1893, 1894..                | 11 00    |
| "    "    " R. H. Dean, 1893 and 1894..                    | 6 00     |
| "    "    " A. J. Wakefield, 1894.....                     | 3 00     |
| "    "    " Wm. Lee Patten, 1892, 1893,<br>1894.....       | 11 00    |
| Amount forwarded.....                                      | \$893 00 |

|                                           |                             |                 |
|-------------------------------------------|-----------------------------|-----------------|
|                                           | Amount brought forward..... | <b>\$893 51</b> |
| To ann. dues, Dr. J. V. Harris, 1894..... | 3 00                        |                 |
| "    "    " King Wylly, 1894.....         | 3 00                        |                 |
| "    "    " F. F. Smith, 1894.....        | 3 00                        |                 |
| "    "    " J. H. Douglas, 1894.....      | 3 00                        |                 |
| "    "    " J. F. McKinstry, 1883, 1894.. | 6 00                        |                 |
|                                           | <hr/>                       |                 |
|                                           | <b>\$911 51</b>             |                 |

## CR.

|                 |                                 |          |
|-----------------|---------------------------------|----------|
| March 22, 1894, | By ann'l salary secretary, 1893 | \$100 00 |
|                 | By bill stenographer, 3 days... | 30 00    |
|                 | By expenses treasurer attend-   |          |
|                 | ing meeting at Tampa .....      | 25 00    |
| July 24,        | By C. W. DaCosta, 500 copies    |          |
|                 | proceedings.....                | 144 00   |
|                 | By postage distributing pro-    |          |
|                 | ceedings.....                   | 13 35    |
|                 | By wrappers for proceedings...  | 90       |
| August 2,       | " 100 postals and printing...   | 1 75     |
| February, 1895  | " postage, treasurer, collect-  |          |
|                 | ing dues.....                   | 3 40     |
|                 | By 300 postal cards.....        | 3 00     |
|                 | " printing 100 postal cards...  | 1 00     |
| March 12,       | " post. annular circular.....   | 3 75     |
|                 | " C. W. DaCosta, printing       |          |
|                 | ann. circular.....              | 4 50     |
|                 | By C. W. DaCosta, 500 envel-    |          |
|                 | opes, secretary.....            | 1 75     |
|                 | By postage, librarian.....      | 56       |
|                 | <hr/>                           |          |
|                 | <b>\$332 96</b>                 |          |

## RECAPITULATION.

|                                   |                 |
|-----------------------------------|-----------------|
| Balance on hand, March, 1894..... | <b>\$636 51</b> |
| Collections since.....            | 275 00          |
| <hr/>                             |                 |
| Making total of.....              | <b>\$911 51</b> |
| Less expenditures.....            | 332 96          |
| <hr/>                             |                 |
| Leaving balance on hand.....      | <b>\$578 55</b> |

J. D. FERNANDEZ,  
Treasurer.

NO. 5.

ANNUAL ORATION.

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J. H. HODGES, M. D., ORATOR.

"The Physician and the Advance of Medicine as a Science."

*Mr. President and Members of the Florida Medical Association:*

LADIES AND GENTLEMEN—I regard it as a great distinction to have been selected to deliver to you, as I do to-night, the annual oration. At this meeting you pass the twenty-second milestone of your existence as an association. Twenty-two years ago you numbered but a handful; to-day more than a hundred of the ablest professional men in the State are proud to owe allegiance to you.

That a large number of these are now honoring me as listeners, and by reason of the fact that, in all these years since your organization, I am probably the youngest man who has enjoyed the privilege of addressing you in this capacity, makes me doubly sensible to the high honor which has been measured out to me and the responsibility which confronts me. It is needless for me to say that I am proud to stand in such capacity before this distinguished body.

My predecessors in this field have for the most part covered themselves with glory. Our affable friend, F. F. Smith, has entertained you; DeWitt Webb has demonstrated the profoundness of his thought and the winning manner of his expression; J. V. Harris has discussed before you learnedly and with much polish the history of medicine in all times; and it has been a pleasure indeed to listen to the eloquence of my fellow townsman, and now our honored mayor, T. F. Thomas.

I have been considerably perplexed for a subject on which to address you; a subject which would be appropriate to the occasion and entertaining to an audience like this. The annual address, as I take it, is not intended to be a rattle of dry anatomical bones, or an attempt to elucidate any complex phenomena of disease. It is looked forward to more as a recreation than as a study. I hope, therefore, that that which I shall present to you—called, by courtesy, an oration—will serve to entertain you, even if but poorly, during the time allotted to me. I hope it will be at least good enough to prevent you from having important business elsewhere during its delivery.

Every meeting of this association, as is usual with bodies of like character, has been marked by uniform courtesy and good will; your deliberations have been harmonious and attended with success. I am sure the present gathering will prove no exception to the ones which have preceded.

In unity there is mental strength as well as physical. Companionship is as necessary to mind growth as exercise is to physical growth. And membership in an association such as this is not only a potent means of information, but it acts also as a stimulus to better work.

Not for political power nor for personal gain have you assembled here; there was no thought of pecuniary reward, but at considerable expense and doubtless at some sacrifice in other ways you have attended this meeting, solely with the hope of further elevating the medical profession of Florida and thereby contributing in a large measure to the betterment of the people of the entire State.

The results of your labors in the past have been fruitful; I hope they will prove even more so in the future. Every member before me knows how intimately the name of this association is connected with medical progress and legislation in Florida. The creation of an efficient State Board of Health offers a conspicuous example. And I am sure that no citizen of this sun-kissed peninsula who is at all familiar with your earnest

labors in the face of deadly epidemics and elsewhere would for one moment withhold from you the richly merited meed of praise.

In thus gathering together once in each twelve months you follow a long established precedent. Once a year the proud Greek gathered with his compatriots in the city of Athens to place his offerings in the temples of Minerva and Jupiter Olympus ; once a year the Hebrew of old, following in the faith and footsteps of his fathers, turned his face and plodded with resolute feet to the temple of Solomon in the "City of David"; once a year the devoted Mohammedan girds his loins and sets out across the deserts on a weary and oftentimes fatal pilgrimage to the sacred shrine at Mecca ; once a year the great secret fraternities, whose existence I consider a national blessing, meet in conclave to legislate in pursuance of their tenets; in fact, the custom is universal and has held from time immemorial.

The high code of honor under which the physician works makes him present rather an anomaly, one which is unique and unknown to any other class of workers, inasmuch as, while he earns the sustenance necessary for life by ministering to the sick, he spends his existence in an effort to prevent the spread of disease. Better health, greater happiness and length of days for all humanity is what he industriously labors to accomplish. Outside of his work, instrictly scientific lines, he can and does contribute valuable advice to individuals and to communities; he can insist upon the use of proper food and clothing; he can caution against following the indiscriminate and sometimes hurtful advice of over-zealous friends and relations; he can denounce the absurd claims and colossal cheek and impudence of quacks and charlatans; there are times when he can do good service against the liquor and opium evils, and he has the satisfaction of knowing that such appeals are not always in vain.

No science is so old as medicine, and while for many centuries it was clouded in such ignorance and superstition, and so covered with the ivy of romance, that it did

not deserve to be designated as a science, still in all times the problem which physicians strove to solve has remained the same—the problem of disease. Whether laboring among canibalistic savages or rolling sugar-coated pills for “milady” in glittering courts of luxury, his mission has been the same—to heal. And since it is in this serving of mankind that science finds its highest glory, it has ever been the part of the healer in all ages to see that the lords and ladies and little children all were not prematurely plunged into that vague eternity “where the wicked cease from troubling and the weary are at rest.” And thus it is that

“On battlefield, ’mid shot and shell,  
In den of vice—in prison cell;  
On ships at sea—in every land,  
The doctor’s ever in demand,  
And ever, until in his grave,  
He’s scholar, scientist and slave.”

It comes within your province to study and understand men’s foibles and eccentricities. It has been said, and is probably true, with some qualification, that all men are cranks, or touch the border-land of crankdom at some point of their mental boundary. Almost all hug some insane delusion, or entertain some unholy desire, which, if not held in check by custom or fear of punishment, would make him an object of ridicule. This is strikingly illustrated by the practice, held up to a recent date, of condemning persons as witches and possessed of the devil. Such instances of accusation occurred in this country not a century ago, and two hundred years ago these supposed witches were executed or burned at the stake in England and in Spain.

Of these persons the physician is the best friend. He, above all others, can understand and sympathize with them in their mental aberration. Formerly, when the vague eccentricities of these poor people took a religious turn, they were considered very holy. Men and women with peculiar mental equilibriums have played no small part in the world’s history. The “Pillar Saints” were considered very pious because they chose to pass the greater parts of their lives on the tops of high pillars.

St. Simon was the pioneer in this art, and chose a pillar sixty feet high, with only one square yard of surface at the top. In this position the poor, insane man spent thirty-seven years of his life.

More heroic yet was the feat of Daniel, a successor of St. Simon, who, on the shores of the Bosphorus, near Constantinople, often covered with sleet and ice, stuck to the top of his pillar, frequently standing upon one leg, for thirty-three years. St. Anthony was considered a very holy man, yet he, in his peculiar eccentricity, would never wash his feet. Joan of Arc, only a poor victim of hystero-epilepsy, saw a flash of light and heard unearthly voices, and was burned at the stake because she was thought to be possessed of the devil. Ezekiel dug a hole under his house by which he removed his household goods in preference to using the door built for that purpose. Isaiah stripped naked and paraded himself up and down before all the people, doubtless to their great amazement and mortification. Mahomet was subject to epilepsy, and his first so-called vision was seen in one of his epileptic seizures.

These were all harmless cranks, if it is permissible to call them cranks at all. But there is another variety—those with homicidal tendencies. And it is this class of mental aberrants which it is most important for the physician to recognize. To this class, probably, the slayers of Lincoln and Garfield belong; the murderer of Carter Harrison, Mayor of Chicago, and Freda Ward of Memphis, and Charlotte Corday, who, being admitted to the bath of Marat, during the period of the French revolution, plunged a dagger through his heart.

It is manifestly unjust for the public to jump to the conclusion that every person who commits a crime is a criminal responsible for his acts, and it is equally unsafe to conclude that every person who commits a diabolical act is insane. It may be said that these are questions which, in many cases, can only be intelligently determined by educated physicians, drilled in this line of research. It is unquestionably unfortunate that testimony in such cases is so often exposed to demoralizing

influences from without, and to distortions and apparent inaccuracies, to the confusion of juries.

These sad, yet interesting, examples, culled from history, prove there is great need in all countries of men with ideas—thinkers as well as workers. This need, I believe, is most creditably filled by the physicians of the land. Hence “*Hygenia, the Cinderilla of all the doctors, occupies as proud a position as any patron saint.*”

Turn where he may the intelligent physician finds food for thought and something to inspire him in his work. If he is a thinker he must be progressive; he cannot stand still. Like others, he must go through life as if on the bosom of a mighty river, whose flow is rapid and perennial; the journey is at one time beset with dangers, and at another, fascinating visions make him glide on regretfully. Huge rocks hang threateningly over him at one point, and at another green terraces and fresh flowers invite him to linger; but the stream moves on. He overcomes an obstruction here and meets with a new danger there. In the blackest part of the river perhaps he is the safest, and as he stretches forth his hand to pluck a nodding flower, further on he may encounter a deadly serpent. Whether painfully or pleasantly, the stream moves on—he has no power to stop its flow. Sometimes the waves come caressingly with gentle ripples, like a child’s laughter; again they roar and plunge as if torn by demon hands. Some fall at this turn of the current; some at that. Some are borne on into the vast ocean of eternity in the early morning of their lives; some pass at noon; some not till the shades of evening have whitened their locks like snow. But, at last, each must succumb to the grim reaper. While he cannot stem the current nor stop its flow, the journey for each will be largely what he makes it. Let him then while gathering happiness for himself dispense it to others who travel the same way, so at length, the journey ended—and I hope that yours will last until late into life’s glorious twilight—he will have left behind him accumulated knowledge for those who are to follow.

The march of advancement in medicine is so steady and so rapid that if the physician would not find himself

struggling hopelessly in the rear he must be alert and watchful. The doctor in active practice to-day must be thorough, and he must be quick, first, to make the diagnosis, then to apply the proper remedy. He must not sacrifice accuracy to haste, but a delayed diagnosis may mean death to his patient. Confrontment with a case of acute appendicitis might give an illustration in point. "At the battle of Monte Bello," said Napoleon, "I ordered Kellerman to attack with eight hundred horse, and with these he separated the six thousand Hungarian grenadiers before the very eyes of the Austrian cavalry. This cavalry was half a league off, and it required a quarter of an hour to arrive on the field of action; and I have observed," he continues, "that it is always these quarters of an hour that decide the fate of the battle." I take the liberty of adding that these quarters of an hour may sometimes decide the fate of a life.

The physician must be full of resources—prepared at all times to do all things, medically speaking. Good nature and affability of manner doubtless contribute to his success, but these will not answer in place of a thorough knowledge of disease and medicine; the kind-hearted man is not necessarily a good doctor. He must learn that silence is golden, and whatever dishonors the man dishonors the physician. He must keep inviolate the secrets which he, of necessity, obtains by virtue of his professional relations to families and individuals. Let him retail no petty gossip, nor hurl a lance against a brother physician's back. The ideal physician may be a myth, but each one can be a better man by remembering at all times to "do unto others as he would have them do to him." "And thus he bore, *sans bate or ban*, the grand old name of gentleman."

The hypocratic oath, though formulated by a Pagan, is a sublime tribute to morality, and no Christian physician will go astray who lives up to its requirements. Paracelsus, over four hundred years ago, wrote that "one of the most necessary requirements of the physician is perfect purity and singleness of purpose. He should be free from vanity, envy, unchastity, pomposity and self

conceit, because these vices are the outcome of ignorance and incompatible with wisdom, which should illumine the mind of the true physician." High ethics these. The physician, to be appreciated, must place a proper valuation upon his time, as well as upon his advice. The man who is glib with medical advice, gratis, to all comers, on the street corners, or who does his professional work very much cheaper than his brethren can afford to do it, is usually well paid if he only receives half his charges. Nothing is truer than the old saying, that to have a community value you must value yourself.

Unlike law, medicine leads to few high places in the councils of the nations, and rarely does it lead to wealth. He may not be crowned like Hypocrates in the theater at Athens, with a golden crown, but I think it can truthfully be said of him who faithfully and industriously follows the profession of medicine that, while it may not bring him fame, it makes him a useful citizen, and gives employment to the highest faculties of which his intellect is capable, and causes him to be respected by the better element of the community in which he lives.

We are at the present time, I believe, at the threshold of the greatest of all the great eras of medicine; the seeds of a mighty advance have been sown, and the harvest is already beginning to be reaped. When we consider the fruitful activities, the marvelous advances and positive results in preventive medicine and bacteriology, or the science of minute organisms, it becomes no Utopian dream to look forward to the time when men can travel through the vast array and among the teeming millions of these infinitesimal, but now deadly enemies, unscathed.

The treatment of diphtheria by the new method—that of immunized blood serum—seems to bid fair to annually rob this dread disease of thousands upon thousands of its little victims. In this manner smallpox epidemics have become practically unknown, and I believe that work on this same line will before a great while effectually check that greatest of all human destroyers—consumption.

We will not realize Ponce de Leon's dream of immortal youth, but it looks now as though the younger

members of the profession, and some of the older ones, too, will live to see all the harmful germs of disease subdued.

As late as twenty-five years ago, if some Daniel at a Belshazzar's feast could have read the handwriting on the wall and prophesied what the future held in store for the science of medicine, he would have been looked upon as the possessor of a diseased imagination.

But in the noontide of our success we must not forget that our profession is an exacting mistress. Her prizes are not given to those who treat her with indifference, and she will not allow him any great measure of attainment who does not diligently strive to meet her high requirements. If he would have his soul filled with the fleeting plaudits of fame and win fortune's smiles he must be an attentive wooer. If he would triumph he must fix the summit of his purpose high, and in his journey to that pinnacle he must be content to ascend slowly, step by step; he must be willing to let his knowledge grow upon him gradually, like his years. He must not expect his fate to bear him, more kind than to others, on rolling flames of the multitude's appreciation into greatness. Industrious effort is what makes individual success.

It is the duty of science to interpret nature's laws for the benefit of mankind, and the physician as the representative of a scientific school should be the one to transmit this interpretation to the masses. It is he who must impress the fact upon them that a law of nature is a supreme law, against whose ironclad edicts none can sin with impunity. Whether he be a denizen of the Everglades, or the mightiest monarch that ever shook the earth with his footsteps, he who does not correctly abide by her requirements suffers in direct proportion to the mistake made.

Then it becomes our duty, as teachers of health, to carefully study nature's laws. We are at all times to stand by the inexorable logic of recorded fact and proved statistics. In studying these laws we will find much that is worthy of emulation. The great forces of nature are doing their work continuously and, for the most part,

silently. Unheard and unseen she evolves her great problems. There is no idleness in her laboratories, and perfection is aimed at in every creation. The conformation of the tiny flower hid away out of sight under wild hedges is as exquisite in its perfection as is the giant magnolia in all its wealth of beauty and fragrance. The little sprig crouching unnoticed under wild brambles is made as graceful in outline and perfect in structure as is the royal palm, which towers erect and stately, the admiration of all lovers of the tropics. Delve deep into the rich stores which nature holds and you will find, as did the Queen of Sheba on her curious visit to view the splendors of the court of Solomon and to prove his reputed wealth, that "the half has not been told."

The man whose natural inclination and fitness is for medicine, and who adopts it for his life work, can take an important cue from nature in modelling his productions and striving to have the work which he does, either with hand or brain, as accurate and complete as he can possibly make it. I use the words "natural inclination and fitness" because I am a great believer in these aids to success in any given vocation. A naturally gifted poet would not make a successful carpenter; a man with strong natural talents for mercantile pursuits would never, at the same time, command the immortal genius of a true artist. The same rule applies to medicine. It undoubtedly requires a peculiar natural adaptation to achieve success in medicine in the fullest sense.

But yours is not a fame like that of a painter who limns his delicate shadings and exquisite blendings upon canvass that thousands in generations to come may admire the marvelous accuracy of his skill; nor is it like that of the poet, whose symposiums in words are to hang upon human lips from generation to generation; nor yet is it like that of the warrior, the height of whose niche in the temple of fame is regulated by the number of people he has killed. You may have records in the latter direction, but you get plaudits for the people you cure, not for those you kill.

Such fame is not yours. With you thoughts, not bullets, win the greatest battles. You must enjoy the

luxury of doing good for the sake of doing good. It is yours to cool the fevered brow, to ease the racking pain, to combat disease. But do this well; do not be easily discouraged; have fortitude. Remember that, after all of Job's afflictions, after he had rent his mantle, shaved his head, and fallen upon his face, he still worshipped. And your reward is sure. The words and acts which make people happy are more precious than are the gems which sparkle in any crown.

It is an indisputable fact that no profession is as ready as yours with its aid, freely rendered, by day or night, to the needy. But the idea that seems to prevail somewhat among the laity that it is your bounden duty to answer any and every call, under any and all circumstances, is preposterous. There is a limit to human endurance, as well as to medical kindness. Laymen do not easily realize that the majority of physicians give probably at least one-fourth of their professional hours of work for no direct pecuniary return, hence this profession brings smaller returns in dollars than any other in proportion to the amount which must necessarily be invested to become perfected in it. The same outlay in money, energy and mental effort in any other profession or business would bring larger returns.

And yet I believe the medical profession numbers the most generous and unselfish class of men in the world, who are, at the same time, the most abused and the least understood. The scathing criticisms and stinging abuse which have been heaped upon animal experimenters illustrates one phase of this observation. The anti-vivisectionists who pile their denunciations upon the heads of those who experiment on animals do so, for the most part, without the slightest conception of the great boon that such experiments have been to humanity. I love animals, and I admit they have rights which man ought to respect; but I excuse vivisection on the ground that it is sometimes justifiable to do "evil that good may come from it." I believe it is no exaggeration to say that no knowledge of organic function is exact unless it is learned from careful and painstaking experimentation. It is from this experimental physiology that we have come to be so

familiar with the mechanism of the sounds of the heart. The anti-vivisectionists and the anti-vaccinationists both occupy unscientific and irrational grounds.

It was by means of animal experimentation that Galen showed that the arteries formerly supposed to be air vessels contained blood; it enabled Bell to establish the important fact that the seventh cranial nerve was a nerve of motion, and that the fifth nerve was one of sensation; it was the means by which Majandie showed the existence of motor and sensory fibers in the nerve roots; it enabled Claude Bernard to learn the size of the different blood vessels; it was only by such means that Hunter studied the process of bone repair; it allowed Ambrose Pare to perfect his valuable method for the ligation of arteries, and it is currently believed that the discovery of the anaesthetic properties of chloroform was made by experimenting on a low form of animal life—the ant.

Upon the dog the success of the hypodermic method of medication was shown conclusively before it was used on the human. These examples might be continued at great length. Therefore I believe we should contend for animal experimentation or vivisection.

The successful practice of medicine can never be by instinct or intuition, as some have appeared to think. There are men who are more gifted than others in grasping the intricate problems presented; but he who would be a good physician or surgeon must study, not in a superficial way, but laboriously and with great care. He must either experiment himself or study the experiments of others. Many of you will pursue the latter course, and will not actually experiment yourselves. In like manner, you may only use those remedial agents whose place has been fixed in the medical armamentarium by long experience, and after having been carefully and separately examined as to their application to diseased conditions. Many will pursue this conservative plan, but even then it is well to note carefully the effects of all drugs used, and concise records will prove of great value as experience accumulates.

You will not follow the unprofitable plan of the Turkish physician, as told by Mr. Ascanyan in his book,

"The Sultan and His People." This physician was called to visit a man ill with typhus fever. The doctor considered the case hopeless, but prescribed for the patient any way and took his leave. The next day in passing he inquired of a servant if the master was dead. "Dead," was the reply, "no, he is much better." The doctor, without further ado, hastened to his patient's room to obtain the solution of the miracle. "Why," said the patient, "I felt thirsty and drank a pailful of the juice of pickled cabbage." "Wonderful," cried the doctor, and out came his note book, in which he wrote: "Cured of typhus fever Mohamed Agha, an upholsterer, by drinking a pailful of pickled cabbage juice." Soon afterward the doctor was called to see a dealer in embroidered handkerchiefs who was suffering with the same malady. He at once, without hesitation, prescribed a pailful of pickled cabbage juice. On calling the next day, in high glee, to receive the patient's thanks and congratulate him on his recovery, he was astonished to be told that the man was dead. He was dumbfounded and bewildered for some time, but finally out came his notebook, in which he recorded the following: "Although in typhus fever pickled cabbage juice is an excellent remedy, it is not to be used unless the patient be by profession an upholsterer."

Another story I have heard illustrates how guileless our brethren sometimes are. "Doctor," said the little girl, "do you know that a baby fed on elephant's milk gained twenty pounds in one week?" "Is it possible," exclaimed the doctor, "elephant's milk must be very fine for babies. I must prescribe it in my practice. Whose baby was it?" "The elephant's," replied the questioner.

The days when men died for doing honest experiments and for having the courage to speak their convictions are long since past. Great Geniuses are no longer burned at the stake for making immortal discoveries, and we do not lay down our lives to appease an angry mob of fanatics, like Vesalius of old, who dared to learn anatomy by dissecting the human body. These are some of the sad sacrifices made by men of our profession for the advancement of medicine as a science. But, "there's not a string attuned to mirth, but has its chord in mel-

ancholy," and, while we deplore the fate of these early enthusiasts, we hug the inheritance which they left us to joyous hearts.

It is plain to see some of the reasons why medicine was a sluggish science in the old world. When Columbus, with so much boldness and courage set sail on his great voyage of discovery, the dark clouds of superstition and blighting ignorance of former days had not yet been entirely cleared away. More than one hundred years were still to elapse before Harvey pointed out his well-known discovery. Medicine as a science did not progress rapidly in those days, and the sluggishness of the old world could not fail to transfer itself to the new. Following this period, for many years, our only source of medical learning lay thousands of miles across the Atlantic; and it took three hundred years to produce any medical work by an American author. This book has been said to mark the beginning of American surgery. It was written by the physician who practiced in the families of Washington and Franklin. The book was of no importance at the time, except as a compilation of the works of English surgeons. It contained but one original observation, which was in regard to a case of trephining of the skull.

It is a fact to be proud of, that American surgery, starting so many centuries behind that of other countries, has come to be the most original, the boldest and the most successful of any on the face of the earth. It is a brilliant coterie of operators that has made the lustre of American surgery. The surgical procedures which have been originated by them already fill many volumes, while many of those originating elsewhere have been materially improved and modified. So when it is taken into consideration that scarcely a century has elapsed since the American surgeon made his advent in the surgical arena, the work which he has accomplished becomes phenomenal. His brilliancy as a man, his force as a teacher, his originality in devising procedures, and his skill as an operator knows no equal.

A leading Frenchman, in the French Academy of Medicine, referring to the achievements of American

surgeons during the late civil war, has said that we held the surgical sceptre of the world. If this was true thirty years ago, what might not be said of it now?

Among all the arts and crafts, none is so unique as surgery; in none must there be a broader ground-work of science; good surgery brooks no trifling; her votaries must be profound, with ideas clear cut, scientific as well as practical; the surgeon can not keep his knowledge stored away on library shelves; it must be real and he must carry it with him. He must have the trained eye and hand of the sculptor and something more, for no matter how well trained is the eye or how cultivated is the tactile sense, it is the mind that directs and interprets. "Tis mind that sees and mind that hears." The distinguished Virchow himself, then the head of the medical profession in Germany, admitted, as President of the International Medical Congress, that America excels in surgery and midwifery.

In making this lustre for Americans it is a fact, and one, I think, for this association to be proud of, that Southerners have contributed in no inconspicuous degree to its building up. It is to me a strange freak in many of our brothers that they appear to labor under the delusion that our geographical position is not conducive to a high professional standard of excellence. Barring the greater advantages of those who reside in the large medical centres of the country, with the opportunities afforded for study, I can not see why a Florida physician can not be as competent as one residing in other sections. I believe that he not only can be, but is. Of course his knowledge of the special branches necessarily can not compare with that of the many illustrious specialists who adorn the profession with such distinction, but, as a general practitioner, as an all-around doctor, as well as a good fellow, I am partial to him who practices his art, under softening sunbeams, in the balmy air and amid the mellowing influences of our dear old Southland. I would not detract one iota from the professional splendor which surrounds so many of our brothers of the great North, but we are more apt to get inspiration from dwelling upon the glory of those nearer home. And has

not this section of our incomparable nation led in many lines of thought since the days when she courageously proclaimed her independence and became foremost in the struggle which attained it?

Aye, some have even said said in ante-bellum days she was the nation's guide, both in peace and war. Was not the first physician to invade the abdominal cavity with the knife, for the purpose of removing an ovarian tumor, the bold and daring Kentuckian, Ephraim McDowell? All navigators owe gratitude to Maury, the Southerner, for his valuable physical geography of the seas. Another child of the South was that gifted literary star, William Gilmore Simms, whose descriptions of battle scenes are grander than Hugo's "Waterloo." It was another Simms, the Alabamian, who heard the piteous cry of afflicted woman and devised an operation for her relief. His operation and the instrument which bears his name are known and used wherever enlightened physicians practice the healing art. The winds that sweep up from the sea through the historic, fleet-bedecked harbor of New York, past the mightiest commercial mart of the world, and on up to Bryant Park, stop and caress for a moment in silence the mute image in bronze of this hero, reared as a tribute to his great surgical triumph in behalf of woman.

The microscope has been a factor in developing the wondrous powers of man in unlocking the mysteries of nature. To read the wonderful results of such men as Pasteur and Lister is almost like following the vivid imagination of a Jules Verne, so startling are the things their researches have brought to light. Pasteur's demonstration that the different kinds of fermentation depend upon different kinds of living germs; his abolition of the diseases affecting wines, vinegars and beers; minute, painstaking wonderfully ingenious investigations into the diseases of the silk-worm, at the time when this great industry of France was demoralized and trembling on the brink of destruction, and finally the introduction of his crowning glory—the inoculation for the prevention of hydrophobia—makes him rank as a giant in bacteriology.

No less zealously did the clear-headed Lister labor. To him we are indebted for the most important scientific advance of the century—aside from the introduction of anaesthesia—his great triumph, the antiseptic principle in surgery. To these men, I mention these two only, as examples; there are others—the world owes more than it can ever repay. All the glittering crowns of gold, all the decorations of honor, as well as the gratitude of educated minds the world over, is not too much compensation for such benefactions as these. It was a notable moment when the distinguished Lister arose in the vast amphitheatre at Sorbonne, in December, 1892, to address, in the name of medicine and surgery, the illustrious Pasteur, whose seventieth birthday scientific men from all parts of the world had gathered to celebrate. On this occasion the enthusiasm which greeted Lister, the Englishman, was as great as that which greeted Pasteur, the venerable Frenchman. It was hard to tell who was dearer to the hearts of the throng of scientists there assembled.

To the advance of medicine as a science and to the physician who has contributed to this advance. I pay my homage to-night. In marble palaces, in squalid hovels, amid the carnage of war, in the quiet serenity of peace, he has won laurels for his profession.

When the Lord, in his wrath, sent the destroying angel over the land of the Pharaohs and smote the first-born in every Egyptian household with death, it created no greater consternation than would be done at this day if the labors of the physicians in the field of preventive medicine could be set aside for the short space of twenty-four hours. But this will not be the case. The joyous note of progress is now borne on whispering winds o'er land and sea and gulf, and is echoed and re-echoed across all countries where Hygeia sits as a "rose-cheeked goddess" and keeps time to the cadence of advancement, until the whole earth shall be crowned with a rich harvest of health.

NO. 6.  
PERINEPHRITIC ABSCESS.

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REPORT OF CASE BY DR. R. L. HARRIS, ORLANDO, FLA.

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Mulatto, aged twenty-eight, weight 195 pounds. Previous health good. Gave birth to third child June 23d; had easy natural labor. Saw her June 29th, six days after labor; she gave history of Anorexia, rigors, light fever, much sweating, and pain in back for three weeks previous. On examination found temperature slightly elevated, pulse quick, bowels and kidneys acting well, lochial discharge normal, and no tenderness over bowels or uterus. I attributed the fever to malaria, and prescribed accordingly; however, as a precaution, washed out uterus with Condie's fluid and directed that a carbolized vaginal injection be used daily.

Dr. Brannon (who had attended the woman when confined) saw the patient with me daily for the next few days; she grew rapidly worse, developing a troublesome and persistent cough, for which no adequate cause could be found. On the fifth day she began to expectorate a thin, offensive pus. On a more careful inspection of the back and chest we could detect a slight fullness over right renal region. On palpitation there was a doughy feeling, but no fluctuation; tenderness not marked.

Found pus, with an exploring needle, at a depth of three inches. Made a free incision and evacuated at least sixteen ounces of thin, offensive pus. Washed out cavity with peroxide of hydrogen and introduced drainage tubes. Cough and fever ceased at once. Gave a tonic, washed out cavity daily with peroxide; patient made a rapid and perfect recovery.

I consider this case worth reporting, as an illustration of how easy it is to be misled under many circum-

stances. Under ordinary circumstances I believe the abscess would have been detected sooner and the patient spared many days' suffering and the risk of death, to which she was subjected by the delay in opening the abscess.

The sweats, continued hectic form of fever, heavily coated tongue and loss of appetite, naturally indicated the presence of pus; the pain in back would indicate its location in that region, but this was all attributed to other causes. Patient lived on an island in a large lake where malaria often prevailed, it being the season of the year favorable to its development. The patient having fever and rigors for two weeks before delivery led to a diagnosis of malarial fever. As for pain in the back, it is so unusual during the last week and few days following pregnancy no special attention was paid to it.

NO. 7.

**IS IT CONTINUED OR TYPHOID FEVER?**

BY C. B SWEETING, M. D., KEY WEST, FLA.

As the so-called continued fever is of such common occurrence in our State, I thought a short paper on this subject would not be uninteresting, particularly if it should be the means of bringing out the views of others, and settling this vexata questio, whether it is typhoid fever or not.

I know there have been several papers read before the association on this subject with many interesting discussions, some claiming it was a mild type of typhoid; others, I think the majority, claiming it was continued fever. Heretofore I have been with the majority opposed to calling it typhoid, because the symptoms developed in its course were so mild and different from cases of typhoid which I had seen in larger cities.

Before describing the symptoms and course of this fever, as met with in Key West, I will give a short description of our geographical position and sanitary condition, with general environment; also water supply, so that the members may form some opinion as to these being factors in the origin of this disease.

Key West is the tropical city of the United States, right out in the sea, built on a coral reef, washed by the waters of the gulf stream. Its climate is distinct from all others in the Union. A portion of the inhabitants are Anglo-Saxons, another portion belong to the Latin race (Spanish Creoles), and the remainder are negroes born in this country, Cuba and the Bahamas.

In my opinion, Key West is not a malarious locality, therefore malaria has no place in the origin of this con-

tinued (?) fever, called by many typho-malarial fever. All cases of such fevers that have come under my medical supervision have been residents of the mainland of Florida, or on ships from Colon, etc.

Before the great exodus to Tampa our population was about 20,000. Our houses are built of wood (with the exception of seven, which are of stone and brick), and are rather crowded together, so that our hygienic condition, before the advent of stringent sanitary regulations of our Board of Health, was anything but satisfactory. Our drainage is surface, and, I think, good, from the natural formation of our island, heavy rains washing much of the unsanitary products into the sea.

Our water supply is obtained from two sources—rainwater, which is collected from the roofs of the houses and confined in tanks or cisterns made for the purpose. This is our principal drinking water. During droughts, when the water is very low, it has the taste of bilge water,  $H_2S$ , but on drawing it and exposing it to the air it becomes drinkable and palatable. We have also surface wells dug out of the solid rock. Ten or twelve feet from the surface a spring is met with, which gives an abundant supply of clear, sparkling, palatable water, which many of our people use for drinking and washing purposes. I am sorry to say that many of these wells are in close proximity to privy vaults, dug out of porous limestone rock, and, a few years ago, not cemented or water-tight. After the establishment of our County Board of Health a regulation was made prohibiting the digging of any well within fifty feet of a privy vault. There was also a regulation making it compulsory to cement and make water-tight all new privy vaults. A notable fact is the marked decrease in the number of cases of fever since the disposal of the privy contents by the odorless excavator and the dumping of the same into the sea, instead of the old method of disposing of it (or rather not disposing of it at all), which consisted in covering over with dry earth the old privy vaults after they became filled and offensive. For a number of years before the introduction of these hygienic improvements the number of cases of this fever under my care averaged from thirty

to forty annually; but during the past three years they have been few and far between—not more than ten or twelve cases a year. This is also the experience of the other physicians on the island. One might think that drinking water from surface wells in close proximity to privy vaults should be the greatest factor in the origin of this fever, but I would like to state that during nineteen years experience of this fever I have had a larger number of cases in patients who never drank any but rain or cistern water. So what is it? Whence the bacilli?

The continued fever (?), to which I wish to draw your attention, is self-limiting, usually lasting from two to six weeks, the average duration being about a month, although we have cases occasionally running into sixty days or more. In many instances this fever begins with a well-marked rigor, severe frontal headache, pains in the back and limbs, temperature of 105° F.

In the majority of cases the fever comes on suddenly, without prodromic symptoms; the patient stating he felt perfectly well until rigor, headache and pains in the limbs came on. Again it is ushered in with a chilly sensation running down the back and a feeling of malaise some days before. It is always remittent in its type, a remission occurring generally in the early morning for the first few weeks; after this there is no regularity in the remission.

The tongue in the beginning is always covered with a whitish or yellowish fur.

In many cases there is considerable irritability of the stomach, attended by incessant nausea and vomiting, which does not seem to yield to treatment but wears itself out. I have noticed that cases ushered in with the above symptoms are more severe in their course.

In the majority of cases constipation is the rule, but we sometimes meet with diarrhoea. In some cases I have found tympanitis, with gurgling in the right iliac fossa. The tongue in the second or third week loses its white, moist fur and takes on a red, glazed appearance, and becomes so dry and parched that it interferes with articulation. In several fatal cases I have seen the tongue become dry, glazed and cracked and sordes on the teeth.

I have met but a few of such cases. Hemorrhage from the bowels is occasionally met with, but seldom increasing the gravity of the symptoms.

In all my experience of this fever I have never discovered the rose-colored spots, although I have carefully looked for them in every case.

As a rule, delirium has been absent; subsultus I have only noticed in very severe cases in which the temperature has been very high. Insomnia has been observed frequently, but on the reduction of the high temperature by a full dose of antifebrin or cold bathing, the patient sinks into a sound sleep, and awakes feeling much refreshed. There is no tenderness of liver or enlargement of the spleen.

During my practice I have had but few deaths from this fever, and my opportunities for a post mortem investigation have been nil, owing to the prejudice the public have of it, so cannot prove anything of its pathology.

This fever appears to be endemic in Key West; more prevalent in spring and early summer, but I have seen cases in every month of the year.

Since my attendance at the last two meetings of this association, and listening to the papers read on this subject with their full and interesting discussions thereon, I returned home fully determined to pay more attention to this fever, and what I have since noticed in its symptoms and course has impressed me forcibly that cases I had seen and treated in past years and diagnosed as continued remittent fever were nothing more nor less than typhoid fever, although many of the characteristic symptoms have been absent. Perhaps the mildness of the type presented in the majority of cases occurring in this section is due to a weakening down of the bacilli from climatic conditions, for certainly in no part of the country do we meet with so many cases running a mild and uninterrupted course with so few deaths.

I have been helped in forming my diagnosis of this fever, as typhoid, by having within the last six months two cases, as I thought, of continued fever, running along the usual course, with high evening temperature, 105° F., the patient apparently cheerful, comfortable and look-

ing forward to a speedy recovery, when suddenly all the graver symptoms of typhoid set in, with repeated hemorrhages from the bowels, and in one case death closed the scene with all the indications of perforation of the bowels. In case No. 2 the symptoms for some time were those of an ordinary safe case of continued fever, when quite unexpectedly all the well marked symptoms of typhoid showed themselves, and in spite of all our care, nourishing and stimulating, the patient, after lingering for a few days, succumbed from exhaustion.

Dabney says that the atypical forms of typhoid fever present the following conclusions: *First*—The disease in this country is gradually becoming milder, and symptoms which were formerly thought to be characteristic and almost invariable, are now much less frequently present. *Second*—The diagnosis of the disease is often attended with extreme difficulty, and in the early stages is generally impossible. *Third*—In those cases which are apparently extremely mild, dangerous symptoms may arise suddenly, and a fatal issue may ensue from errors in diet or other imprudence.

I give the following case to show how little high temperature has to do with the severity of these cases. A little girl, five years old, Fannie N. ——, who sickened with this fever, had it for over forty days, the temperature running from 102° to 104° F. Every day of her illness the little one was able to sit up in bed some portion of the day, amusing herself by cutting out pictures or playing with blocks. One afternoon in the second week of the fever, in taking her temperature, I was astonished to find it had run up to 110° F. Thought my thermometer was crazy. I took the temperature again, and it still registered 110° F. Still thinking something was wrong, tried another thermometer, and found the temperature was the same. I immediately gave a large dose of antifebrin, which rapidly reduced it. I never again found it higher than 104° F. during the remainder of her sickness. I never could account for that sudden elevation of temperature. My patient did not seem any worse for it, and the case ran on to convalescence without showing any other alarming symptom.

I will now give a short clinical history of two cases of this continued fever (?) which occurred at the United States garrison hospital at this post: I was the attending physician during Dr. Porter's absence. Sergeant Whelan and Corporal Warren were admitted to the hospital on September 29, 1894, suffering from fever. The former's temperature on admission was 101° F. and the latter's was 102° F. They both stated they had been feeling badly (malaise) some days before applying for admission. These cases ran a mild continued fever (?) course until the sixth week, when Sergeant Whelan's fever presented a grave aspect, with nearly all the characteristic symptoms of typhoid. For some days he seemed to be in great danger. About this time Dr. Porter saw the case and was very much alarmed. He said to me: "Doctor, I think Whelan will peg out," but after a few days the grave symptoms began to disappear, and with close medical attention and good nursing the patient made a good recovery, although the convalescence was slow.

Corporal Warren's fever continued about the same number of days, without presenting one alarming symptom, and making an uninterrupted recovery.

Both of these patients had the fever about sixty-four days. Both men drank cistern water exclusively. The hygienic conditions of the post and environment were apparently good. The water closets were some distance from the living quarters, and the bucket system was used to dispose of the faecal matter.

The special poison which produces this fever must be conveyed into the system by means of substances taken into the stomach; for example, milk and water. Under some circumstances it may be rendered capable of being air-born and brought into the human system by the way of the respiratory tract, or by effecting lodgment upon the mucous membrane of the mouth or pharynx. In becoming an air-born agent, so as to transmit the disease through this medium, the material containing the poison must become dessicated and distributed through the atmosphere in the form of dust. During four months of the year, with the least wind, clouds of dust are raised from the streets, and from time to time it accumulates on

the roofs of our houses, and, during rains, is washed into the cisterns. In this way, I believe, our cistern water may be infected. This may explain why we have so many cases of this fever in persons who drink rain water in toto. I know this is contrary to the opinion of many, who claim that where cistern water is used exclusively there is very little fever of this type.

My experience differs from that of Dr. John B. Wall, of Tampa, in his article on Continued (?) Typhoid Fever of the South, in Gaillard's Medical Journal, December, 1892, where he states: "So far as my observations extend, there are no facts to prove that the ingestion of the typhoid bacillus of Eberth or of the bacillus colicommunis of Escperich had anything to do with the attack, nor was there any evidence of contagion. It may be mentioned, however, that, as a rule, a great many more cases have been observed where surface well water was used than among those using cistern water, or from other purer sources of water supply than the common surface well is supposed to afford."

In my opinion, we have three factors as the cause of this fever; 1st, in the water we drink from our cisterns; 2d, water, which many of our people drink, obtained from surface wells; 3d, the great number of privy vaults in close proximity to our dwellings.

I think the above facts are enough to stamp all cases of the so-called continued fever as enteric fever.

Treatment: After cleaning out the prima via with a dose of calomel and bicarbonate of soda, my treatment is expectant, with the exception of reducing the temperature when above 102° F with Antifebrin (my favorite Antipyretic) and ice-cold sponge bathing. I see that my patient is nourished by giving the most assimilable food, and give stimulants when indicated.

For many years I used large doses of quinine; it had no effect on this fever, only to irritate the stomach and increase the nervous symptoms. A few years ago I tried antisepsis, giving Beta-naphthol and salol a lengthy trial, but found that this had no influence on the disease, either in shortening the attack or improving the symptoms. In my opinion, the least medication, the better the results.

NO. 8.

MUSCULAR ASTHENOPIA.

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At the meeting of the association held in 1893, I presented a paper upon this subject, in an effort to direct attention to some of the causes of discomfort, now very common among those who use the eyes to any great extent in near work, and which must be of interest to every practitioner. The number of contributions of recent date upon this subject, lead to the conclusion that either there is a vast deal of undeveloped information in the realm of ophthalmology, that we are developing new types of disorder in our optical apparatus, or that we are discovering certain functional disorders by using instruments of precision, which have, and always will exist, becoming manifest, when the ocular apparatus is thrown into inco-ordination by the tests used.

The study of these anomalies has not only been a revelation to the profession, but a source of no little study to those of its members under whose care this class of work has fallen. The pathological manifestation of the ocular muscles first to attract attention was that of strabismus or squint, in which the axis of one eye was diverted from its proper direction, and was made to converge or diverge improperly; this was found to be due to certain abnormal conditions of the globe or appendages, among which may be mentioned errors of refraction, the rays of light being imperfectly centered upon the retina, or a still more imperfect condition of the globe, either from disease or congenital lack of development. The great Dutch ophthalmologist Dongers took the position that convergent squint was caused by an overaction of the ciliary muscle of the hypermetropic eye (that is an eye short in its antero-posterior axis). As this muscle and the internal recti or converging muscles are supplied by the third cranial nerve, the excess of action in the ciliary is imparted to

the converging muscle, with the result of turning the eye abnormally inward or causing squint; but this is not the condition, strictly speaking, to which this paper is intended to direct your attention; but the study of this abnormality and the failures in its correction not only as to cosmetic effect, but likewise in giving relief to asthenopic symptoms, has finally led to more exact tests of the ocular muscles and to the physiological relation borne by the various parts to each other, and likewise the association of the nerve supply to this muscular action and finally to the condition now in question known as muscular asthenopia, or weak sight, due to inability on the part of the ocular muscles to maintain the axis of the eyes in proper position, especially for near work, and this is one of the causes which in certain individuals will result in headache, nausea, debility, cardiac palpitation and other symptoms which may unfit them for the ordinary duties of life.

The more the subject is studied the more remarkable do its intricacies appear. In the act of seeing we first get a reflected image of the object upon the retina, the impression is conveyed by the optic nerve to the visual centers, thence by selected nerve fibres the impulse for proper adjustment of the optical apparatus is conveyed to the third, fourth, fifth and sixth cranial nerves. If the organism is in a normal condition the arrangement thus becomes complete; the ciliary muscle adjusts the lens for proper focus, and the various ocular muscles manifest activity in accordance with the guiding impulse of certain nerves.

If for near work greater effort is required of the ciliary muscle, greater effort is also required of the converging or internal recti muscles. For a long time it seemed difficult to understand why when all errors of refracture had been most carefully corrected by glasses persons would still complain, and were evidently not relieved; then by prisms, what is known as the Maddox rod test, and other means, the action of the various muscles of the eye was tested, and it was ascertained that it was only by great effort double vision was avoided in these individuals. Then the question arose as to whether such symp-

toms were of neurotic character, and associated with a neurasthenic state, some reflex trouble, or whether due to inherent weakness in an apparently defective muscle.

I attended the meeting of the ophthalmological section of the Pan American Medical Congress in September, 1893, for the purpose of listening to the discussion upon this subject. Among the prominent students from all quarters of the globe the difference of opinion was noticeable, as was also the fact that some of the best informed and most conservative had resorted to surgical procedure with comparative rarity. In Germany I was led to understand from the remarks that tenotomies had not, up to this date, been performed for muscular asthenopia. A gentleman remarked that we were upon a surgical debauch in the matter of ocular tenotomies; another remarked that he did not feel sure, but that a few suits for malpractice would have a wholesome influence in putting a check upon the practice. From these opinions one can readily assume that the weight of testimony was not greatly in favor of tendon cutting, and still it was being constantly done in the effort to throw light upon the subject. I examined carefully the record of the case of a man who suffered with the disease in question, and who complained of great mental confusion. From January, 1892, to March, 1893, he submitted to eleven tenotomies, involving the right superior rectus twice, right external rectus twice, left external rectus five times, right internal rectus once, left internal rectus once, twenty-seven days elapsing between the final tenotomy and the date of the report, with, so far as I could glean, only partial relief, and no guarantee whatever that the result a few months later would not be worse than before any operative interference. There is reason for the belief that these anomalies exist in many individuals, but that they only become apparent when the physical organization falls below the normal, or where the effort at work has been severe. It may be possible to educate certain neurotics as to anomalous ocular conditions, and such individuals, although having never before realized a diplopia, once having it revealed to them, may continue to suffer from it. The close relation existing between the two

optic nerve terminals, and hence the entire optical apparatus, may be illustrated by the condition of vision as it exists in astigmatism; one having this defect may, for instance, in looking at the lights upon a church altar or the gas jets upon the street; look with the better eye, and the lights will be bright and well defined; let him close the better eye and use the other, the lights will change their tint, be less bright and not so well defined; perhaps have an altogether different appearance. Let him now use both eyes, and he will have a less distinct image than with the good, but a much better one than with the poorer eye, the impression made upon the retina being divided between them, and a blended image produced, showing that there is an intimate relationship existing between the optic nerve terminals distributed to the retinae. This may also be illustrated by the well-known experiment of the bird and cage, in which, although the eyes are separated by a card, one eye looking upon the bird, the other upon the cage, the bird appears to the observer, upon looking intently, to enter the cage; were it not for this quality of reciprocation so remarkably developed, for it appears to reside in the nerves supplying the muscles, as well as in the optic nerves, the result of experimental tenotomies upon ocular muscles, might be more disastrous than is at present apparent.

A report to the American Medical Association, in 1892, by Dr. Gradle, gives an excellent idea of the causes of this trouble, and reveals only a small proportion as due to muscle trouble proper. He reports as follows:

|                           |      |          |
|---------------------------|------|----------|
| Errors of refraction..... | 76.0 | per cent |
| Nasal origin.....         | 5.8  | " "      |
| Blephanitis.....          | 4.8  | " "      |
| Choroiditis.....          | 2.2  | " "      |
| Progressive myopia.....   | 1.1  | " "      |
| Neurasthenia.....         | 10.0 | " "      |

leaving only 0.1 per cent as due to inherent muscle trouble.

It has appeared to me that a large proportion of these cases are found in neurasthenics, especially in

females, and the condition is apt to be the outcome of some disorder of pelvic viscera, the exact nature of which, it is at times difficult to fathom. I have noticed the trouble several times in children, whose parents have been addicted to the immoderate use of alcohol: in over-worked school children, and in stenographers, more than in any other class of workers. This occupation is almost certain to develop asthenopia, if there is any weakness of ocular muscles. The great majority of cases will yield to proper treatment, some few will prove refractory, and will yield to no treatment except rest, but the true remedy lies in prevention. The methods pursued by savage tribes to secure characteristic deformities are no more cruel than the method of confining little children at hard study for long hours, when every tissue, organ and function in the growing body, is striving for development. These deformities are no worse, if as bad, save for appearance sake, than are diseased eyes; a crooked spine, a contracted chest, or other departure from the normal incident to imperfect infantile development. There can be no doubt that a large portion of such cases are due to improper regulation in school and home hygiene, and that a proper regulation of these matters during the long years of development, would put each individual in better position for the strain, which must unavoidably come during later years.

COLUMBUS DREW, M. D.

NO. 9.

PILOCARPINÆ HYDROCLORAS.

OAKLAND, FLA.

I will not detain you to repeat the history and physiological actions of Jaborandi, but proceed to some therapeutical indications. Pilocarpin acts more promptly than Jaborandi and with more certainty. Its effects are obtained with more certainty when it is given in solution and more quickly by hypodermic injection. Yet there is a decided difference in effect when given by the stomach than by injection under the skin. The action is obtained in from fifteen to twenty-five minutes for stomach and in less time subcutaneously.

When given by the stomach action is noticed on mucous membrane of mouth. A flow of saliva takes place and, later, perspiration. When given hypodermically perspiration occurs first, the quantity of urine is increased, with increased elimination of urates and excretion of ptomaines, as found by analysis of urine.

I must disagree with the statements in our text books that pilocarpin depresses the heart's action. On the contrary it increases to a marked degree its action by dilating the arterioles; contracting the veinules, also stimulating the muscular coats of the arteries. But cases will better illustrate these effects. I proceed to point out by cases indications other than those pointed out in our present literature.

First case. Mrs. E. S., aged 36.

Had suffered frequent attacks of renal colic during five years past; occurring four to six times annually, lasting two to three days. July 18, 1894, received two severe nervous shocks; later an attack of cystitis, lasting some days, and other complications, viz., constipation, neuralgia, etc.; with all the outlined treatment, gradually grew

worse ; heart's action very feeble under tonics, etc. There did not seem to be any remedy which made any impression, neither digitalis, sedatives nor diuretics seemed to be absorbed. The end seemed at hand. Having exhausted my remedies at hand I used a 10 per cent solution of muriate pilocarpin  $\frac{1}{2}$  grain, by stomach, hoping to arouse gastric secretion and bring about absorption. In fifteen minutes there was a decided secretion of mucus and free flow of saliva. I gave crackers slowly, so as to get all the saliva into the stomach ; in five minutes more color began to come to face, warmth to the body, the temperature of which had been sub-normal ( $1\frac{1}{2}$  degrees) for four days ; ten minutes later vomited twenty-two ounces of mucus ; then there was slight perspiration over whole body ; temperature, 99 ; pulse, full 74. Pains all ceased in forty-five minutes. At end of hour patient dropped into calm sleep lasting three hours. When awakened she passed considerable urine and the bowels acted freely. There was a speedy recovery from all. Only syr. lacto-phos. lime was given afterwards as a tonic. It is now seven months and there has been no return of the symptoms.

Second case. Mrs. M. P., aged 42.

Diagnosed atonic dyspepsia. She complained of intense and constant pain in cardiac portion of the stomach, more intense after eating ; constipation, urine loaded with phosphates, and very feeble action of the heart. Patient had been under treatment of several different doctors. She suffered sometimes intensely for days and could not bear food—only coffee used—as nothing would digest when pain was severe. This condition had lasted for five years. Opiates had not the least effect, even in lethal doses. The train of nervous troubles was increasing and only lacto-peptine in triple doses made the least impression, and then only after two full days' using. After a severe exertion an unusually severe attack occurred. After thirty hours of constant endeavor to afford relief, the heart's action was scarcely perceptible ; could not secure any movement of the bowels ; urine scant; temperature below normal ; respiration irregular and feeble, with delirium. I gave  $\frac{1}{2}$  grain

muriate of pilocarpine. In fifteen minutes there was a secretion of mucus and saliva so thick that she could with difficulty swallow. Gave crackers to delay vomiting as long as possible. Heart increased twenty-two beats and became stronger. After ten minutes more a flushed face, warmth in the cold extremities, a slight moisture over whole body. Later vomited three pints of thick glairy mucus. One pint was hot water drank before medicine last taken. Kidneys acted freely—twenty ounces of urine, loaded with urates; vomited three times, last time mucus normal, also saliva. After this patient went to sleep and slept four hours. On awaking she was fully relieved. Six months passed and not one symptom of any former troubles, not even constipation.

Case 3. Mrs. W. E. P., aged 46.

Chronic bronchitis; menopause; cystitis and chronic nephritis of three years duration. Urine alkaline, containing epithelium and pus. All the outlined treatments during three months last failed. Relief had been but temporary. There was pain in the right lobe of the liver and constant pain in the left kidney. Bowels alternated between diarrhoea and constipation. Perspiration very slow. Pulse *very* feeble. Temperature normal, seized with a severe attack. Opiates given for pain, stimulants used freely. Nitro glycerine and Dover's powder each given in turn and a reasonable time allowed for them to act. Suffering was distressing to behold. The heart's action became so feeble that I feared any further opiates or chloroform, so resorted to muriate pilacarpine,  $\frac{1}{2}$  grain, and repeated at end of twenty minutes, not seeing any evidence of action. Still twenty minutes later only one change noticed, that is, decidedly increased action of the heart. I had previously given digitalis and nitro-glycerine in triple doses, and up to this time only a reverse of expected action. At end of another twenty minutes an exclamation of "Oh! I am so relieved." At this point twenty drachms more of urine were voided as clear as water (the patient drank freely of hot water.) Thirty minutes later she passed 12 drachms more urine, very turbid as if hemorrhage from kidney, containing pus and large

amount urates. One hour later bowels acted freely and urine passed again, very offensive odor, thick and containing blood. It was so late I could not analyze. After this she passed into a sound sleep for four hours, and on waking kidneys acted. The urine contained only traces of blood. This patient was fully relieved and has not complained of anything since October 17, 1894, except a cough, which was not troublesome. A case of disease of lumber plexus associated with nephritis, interesting, but time forbids. Five other cases, very similar, nearly same histories would be uninteresting, as it would be a repetition of treatment. I have not observed any untoward effect in a single case.

I am reluctant in differing with our text books on the action of the above remedy, but I have long looked for something to stimulate secretion (mucus) and absorption so as to convey to the desired portion of the body, and obtain the physiological effects of means used.

I do not claim any discovery, but I believe I have in these few cases pointed out how, by the use of this agent at a time when all seems in vain to try further, that we may bridge over the chasm of failure. I believe I have pointed out a new use for this alkaloid other than any yet mentioned, viz.: to increase secretion so as to bring about absorption by unloading the mucus glands and capillaries, thereby affording a proper condition for absorption of remedies. I hope you will find in Mur. pilocar. such an aid in extreme cases as it has been to me, and suggest it for trial to the members of this association.

W. B. RUSH, PH., G. M. D.

NO. 10.

**Occlusion of the Entire Cervical Canal---Cicatrices---  
Operation---Recovery.**

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BY THEODORE TURNBULL, M. D. MONTICELLO, FLA.

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O. R. S., Aet. 32, white, primipara, medium size, came under my observation December 3, 1885, with the following history :

Was confined December, 1882. A large boy was delivered after a tedious and anxious labor; pregnant a few months after marriage; catamenia irregular a few months prior to marriage, and suffered with leucorrhœa and dysmenorrhœa; health greatly impaired during gestation; had a large abscess of right mammae a few weeks previous to confinement, and the family physician, a gentleman of experience and ability, said that he had never seen a case of abscess of the mammary gland prior to confinement, and she being a primipara made it more interesting than if she had been a multipara. When confined a large portion of the placenta was retained in utero, considerable hemorrhage, lacerated os and peritoneum. For weeks she was confined to her bed. She had cellulitis et peritonitis, and for many days the anxious husband and relatives sat around her bedside expecting to see her spirit wing its flight to the God from whence it came. But she began to improve, and slowly gained her strength so as to be well enough to be up, and that was all, for she suffered agony all the time. The lochial discharge was so offensive that the room had to be constantly disinfected, caused by the placenta that was not absorbed by the uterus, passing and remaining in the vagina, until probably some efforts to micturate would excite its passage. After recovering from the attack of cellulitis her abdomen was somewhat enlarged and the abdominal

walls flabby. She did not have symptoms of menstruation for some little time afterwards, but always complained of more or less uneasiness about the lower portion of the abdomen. At the time of month when symptoms of her menopause showed itself her abdomen would enlarge; mamme were sensitive as if pregnant; suffered with lumbago at these periods, severe cephalalgia, and would almost go into convulsions, each period being more severe than the one previous. In the meantime her physician was giving her tonics, emmenagogues, etc., which availed naught. This kept up until I saw her, thirty-eight months after, when she seemed very anaemic, bowels constipated, loss of appetite, sallow complexion, with deep rings under the eyes; slight pain in right iliac region constantly; no leucorrhœa; slight vaginal secretion; micturition painful at times; locomotion interfered with.

Vaginal examination revealed the os tincæ entirely occluded, with a large ragged cicatrical space, where the os originally was: not even a filiform bougie could be introduced; the vagina walls were pale and elastic in appearance, and not at all sensitive; bimanual palpitation showed the fundus uteri to be enlarged; ovaries seemed to be in a state of atrophy.

The condition of my patient prompted me to operate, as she could not stand the strain much longer, as her nervous system was already giving way under the terrible strain. After getting the consent of her husband to perform the operation, which seemed a most delicate one, I put her on preparatory treatment, which consisted of tonics, aperients and vaginal injections and enemas, etc., etc., and the regular routine in such gynaecological operations. I seemingly had no time to lose, so in the following February I performed the operation, which proved to be so beneficial. I placed my patient in Sims' position, with a Sims speculum introduced, and in the hands of an assistant I pulled the uterus well down with a tenaculum. I then introduced a small exploring needle, entering it a little to the right of the ragged cicatrix, which completely closed the os tincæ, passing upwards towards the fundus until it entered the os int. At once a

thick, black, offensive fluid began to pass through the needle ; four or five ounces passed, drop by drop, after which I introduced a larger needle, followed next day by wax bougies, sounds and uterine dilator, gradually, day after day, increasing the size of same. After each application of Church. Tr. and Iodized Phenol. I kept my patient in bed until the new canal seemed almost like one that had been placed there by nature. The patient made a speedy recovery and soon regained her strength, color and appetite. I continued this treatment, and she menstruated two days the following period, after which she continued irregular, as was her habit prior to pregnancy ; but at this writing—nine years after the operation—she is menstruating regularly, and her general health is very good, though she has never been enceinte.

This is the only case of entire and complete occlusion of the cervical canal that has come under my observation, nor have I seen reported an identical case. I do not have reference, however, to congenital malformation, with uterus and without ovaries, or with ovaries and without uterus, in which case the vagina is a mere cul-de-sac ; and I would respectfully ask any member of this august assembly if they have had to contend with a similar case in their wide fields of gynenological experience. While I admit that there have been cases reported to the medical journals, of partial occlusion of the cervical canal, either from the os ext. or os int., I refer to complete occlusion frem the os int. to the os ext.

Treatment : Constant and frequent dilitation. Tonics—Aperents, hip-baths, vaginal washes, etc., etc.

NO. 11.

THE ASSOCIATION OF MEDICAL EXAMINING  
BOARDS.

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The object of this paper is not alone to report progress of the Association of Medical Examining Boards, but to stimulate the zeal of the individual members of the several district boards and the profession at large.

Since the passage of the act in 1889, creating the seven Judicial District Examining Boards, it has become more and more apparent that there were fatal defects, either in the law itself or its application, which were defeating its aim, and that charlatans and other humbugs in varying degrees of incompetency, found little or no difficulty in gaining a foothold in the State.

Prior to June the 15th, 1894, the several Boards conducted their bi-annual examinations whenever it best suited their convenience, and without any regard towards co-operation with the other Boards, which would frequently be in session a few days or weeks afterwards, making the interval between the sessions very short. This gave valuable opportunity to applicants who had previously failed before one Board to present themselves before another Board and demand another examination without the knowledge of the Board by whom they had just been examined or the one before whom they next applied. A careful reading of the section relative to this point will show that such a procedure is in direct violation of the spirit and letter of the law; however, the applicant who pursued this course would find a Board whose standard was below that of the Boards before whom he had been previously rejected. Several instances of this kind have been reported by one of the District Boards.

Unfortunately there existed much diversity of opinion among the Boards regarding the standard to be used as

applied to candidates who avowed a purpose to practice, either in a "city" or the "country," and as a result the Board that adhered to a "city" standard could not protect the cities against applicants who had qualified before a Board in whose district there were no cities. In this connection it will be well to state that no reflection upon any Board is meant, and that personalities will not be considered, as it is purposed to bring into consideration bare facts which are on record.

While no co-operation existed among the Boards, it necessarily followed that there was every degree of variation as to the standard of each Board; also the method of conducting examinations, as some preferred the oral, others the written, while still others used both. One Board used a system by which the applicant was required to draw ten questions on each branch out of a lot of several hundred that covered the branch from beginning to end. Another Board extemporized the questions for each applicant and examination.

Another stumbling block in the way was the interpretation placed upon the clause in the section relative to the granting of temporary certificates. One Board went even so far as to grant temporary certificates to applicants who failed even to qualify; the idea being that the applicant was entitled to the certificate. This enabled holders of temporary certificates to establish themselves in practice and public confidence, and when at the regular meeting of the Board he was rejected the hue and cry was raised that he was being persecuted by the bad doctors, who were from selfish motives trying to debar him from practicing. It is a well known fact that the new doctor soon has public sympathy and enough to spare if it is thought he is being persecuted. This state of affairs happily does not now exist, but is mentioned as one of the causes that led up to the formation of the Association of Medical Examining Boards.

Another point which had its influence and was calculated to detract from the dignity and usefulness of the district Board, as well as personal injury to the members of the Board, was, that when an applicant was rejected by Board A, and soon after passed Board B, he would return

to Board A's district to practice, and would continually denounce the members of the Board to his friends, and create the impression that the member or members of the Board tried to prevent him from practicing in their district for purely personal reasons by giving him an unfair examination.

One other weak point in the old system was that a friend or relative of a member of a Board might secure an easy or unfair examination, which would be another way of avoiding the law. This is not an idle statement, but based upon facts which are on record.

These are then some of the causes which prompted the Boards to act and the formation of the Association of Medical Examining Boards was the result of a convention held in Gainesville June 15, 1894. The call sent out was for each Board to send delegates to Gainesville for the purpose of discussing the weak points of the law and if possible remedy them. At this meeting officers were elected to serve for the ensuing year and the following rules were adopted :

1. This association shall be known as the Association of Medical Examining Boards of Florida.
2. The officers of this association shall consist of a president, vice-president, and secretary and treasurer, who shall be elected annually by a majority of the members present.
3. It shall be the duty of the officers elected to discharge such duties as devolve upon similar officers in other organized bodies.
4. The annual meeting of this association must be held at the same place and time observed by the Florida Medical Association.
5. All examinations of applicants hereafter shall be in writing and shall consist of five questions on each branch.
6. Applicants are required to answer seventy-five per cent. of all questions propounded before entitled to a certificate of qualification.
7. Questions adopted by this association will be furnished the members of the several Boards, and which

will be used by said members in conducting both temporary and regular examinations.

8. An applicant is only entitled to one temporary examination, and if unsuccessful cannot apply again until the next regular semi-annual meeting of an Examining Board.

9. The dates for conducting the regular semi-annual examinations shall be the second Tuesdays in the months of May and November.

10. It shall be the duty of the President to annually appoint a committee of three members on questions, whose duty it shall be to select ten questions on each branch and forward same to the Secretary, who will present them to the association for approval, and when accepted will furnish each member with a copy.

11. When an applicant is rejected either in a temporary or regular examination, same must be certified to by the members or secretary of the Board conducting the examination, and a report forwarded immediately to the secretary of the association, who will in turn notify other Boards.

12. It is the sense of this association that holders of medical diplomas from any and all schools except the homeopathic are entitled to an examination by any of the various Boards.

13. This association so construes that section of the medical law relative to fees, that an applicant must pay a fee of ten dollars for each and every examination.

These rules, though crude and far from perfect, will, if adhered to by the various Boards, eliminate the objectionable features of the existing medical examining law, and at the same time preclude the necessity of legislative tinkering, and a possible loss of what we now possess. It is a well-established fact that legislators are loth to favor acts which even bear the stamp of approval of physicians; so that the wisdom of appealing to the Legislature for relief would be brought into serious question. The Committee on Questions reported several weeks after the association adjourned, hence the questions turned in to the secretary could not be submitted to the association for approval as required by rule ten, so they were distributed at once.

Since several of the Boards failed to receive a copy of the association's proceedings, they failed to comply with the rule relative to the time for holding regular meetings. They have since been furnished with copies and these errors do not now exist.

So far as known, the various Boards are working harmoniously, and the efforts of the Association of Medical Examining Boards have been crowned with success.

In conclusion, a few remarks upon the necessity of perpetuating the life and usefulness of the Examining Boards will not be amiss. Not one member of the medical profession in this State who has not been connected with an Examining Board can appreciate the enormity of the crimes committed by some of the so-called medical colleges of this country. They not only fail to give value received for the money obtained from the matriculant, who is often induced to leave an occupation which affords him a comfortable living, but launch him out as a supposed educated physician, with a license to endanger and even sacrifice human lives among the unsuspecting and confiding public.

The following letter, found in a recent number of the New York *Medical Record*, copied from the Atlanta *Medical and Surgical Journal*, well illustrates the point just taken, inasmuch as there are letters and examination papers that correspond most favorably with it now in the possession of one of the Examining Boards; and, furthermore, they are not from the pen of a would-be physician, but an actual graduate who was rejected by the Board. Following is the extract from the *Record*:

"Dr. \_\_\_\_\_ dane Sir please send us a Catalog of the \_\_\_\_\_ College We hav bin Contemplating entring College this fall Some Wheare and if you Will give us as short a time as We Can get eny Whear and as Cheep pobly we Will enter yoars College but if We Can dow Beter Some Whea els We Will do so we air pooar in this worlds goods We think yoar tearms air tow Meny for us as we air a getting up in years We Caint spend so mutch time."

'address \_\_\_\_\_.'

Competition among many of our medical colleges is growing to a white heat, and in the State of Colorado there is a free medical college. That day is lost when

St. Louis does not organize a new medical school. The latest is known as the "Practitioners School of St. Louis." —*New York Medical Record, February 9, 1895.* The following appears in the same number: "The number of medical students and the output of medical graduates has greatly decreased in Ireland in the last few years. In England and Scotland there has been a great decrease in the number of medical students. The cause is said to be the addition of a fifth year, and of extra studies to the curriculum." This strikes the keynote to the cause of the overproduction of doctors in this country. The noble profession, of which we are proud to be called members, is being besmirched and trampled in the dust by these disreputable and irresponsible medical colleges, and if examining boards will stand firm and fix their standards commensurate with the requirements of modern and refined medical education reputable colleges will raise theirs to a proportionate degree, while the institutions representing the enemies of medical science and progress will cease to exist.

The position of the medical examiner is one of great trust and responsibility, and certainly not an enviable one, from a personal or pecuniary point of view. It is one of plain duty to the profession and the public, and he should be accorded the greatest possible assistance and encouragement. Unfortunately it is the absence of appreciation by the public that adds to the difficulties of filling this position, for the simple discharge of duty is too often interpreted as an attempt at personal aggrandizement, and he is continually antagonized and harrassed. Let me beg of each member of the association to always uphold the examiner, and make his way as smooth as rests in his power so to do.

J. HARRIS PIERPONT, M. D.,  
Penascola, Fla.

**NO. 12.**

**CARCINOMA OF THE LARYNX,**

**With Report of Case.**

In assuming the responsibility of preparing a paper for the consideration of such a learned body of physicians and surgeons as compose the Florida Medical Association, one not accustomed to journalizing must feel considerable embarrassment upon such an occasion.

The object of this paper will be twofold:

First—To consume as little of your time as possible, and second, to give as briefly as I can the details of the case in question.

The patient, "Baron von S.", age forty, three years residence in America, was first seen in consultation with Dr. Victor La Fosse (to whom belongs the right of reporting this case), March 3, 1894.

His general health had always been good; he had never suffered from syphilis, nor had been given to alcoholic or other excesses; he had never had more than a transient trouble in throat. Nine months previous he began to suffer with persistent hoarseness and irritation; he was unable to speak aloud; expectoration was troublesome and at times profuse; occasional pain in throat extending thence to right side of neck and head. Dyspnœa was very troublesome and he was unable to assume the recumbent posture, did not sleep at night, was pale and emaciated, no appetite, etc.

When first seen by myself the laryngoscope revealed a small oval mass on right side of larynx below vocal cord. To exclude syphilis we gave kal. iod., in large doses. Under its use the tumor increased in size; patient steadily lost weight from first appearance of throat

trouble, voice was completely lost at times. To relieve the pain and dyspnoea, morphia and atrophia were administered per hypodermic method, P. R. N.

A diagnosis of carcinoma was made from a minute fragment of tumor which was expectorated, and which, when placed under a microscope, showed its malignant character. Exsection of the larynx or portion of same was proposed, but patient objected. Suddenly on the night of May 28, 1894, I was called to see patient and found Dr. Lafosse already on the ground. The patient was apparently dying; we lost no time in making a low tracheotomy. At the first touch of the knife he sank back apparently dead; the operation was immediately completed and a large silver tube was introduced through which the lungs were inflated. In the course of fifteen minutes the heart action, which had been nearly suspended, recommenced and the patient recovered. The tube was worn by patient until I lost sight of him. Forty-eight hours after tracheotomy patient was able to lie down and sleep more than he had done for months. About three weeks after the tracheotomy, patient having refused exsection of larynx, was lost sight of. November 14, 1894, patient died. Was not present nor could I obtain post mortem examination.

The report of this case is made, not with a view to enlighten, but simply on account of the rarity of the disease.

As stated, it was the misfortune of the writer to lose his first and only case of carcinoma of the larynx without being able to perform laryngectomy. It is not my purpose to advocate the operation, but it will be acknowledged that the only hope of cure in carcinoma is excision. The death rate for total excisions is about 36 per cent, for partial excision about 30 per cent. I am of the opinion that the cause of such a death ratio is due to the fact that a large percentage of the operators have had but a single case. At present, however, we will be unable to remove laryngectomy from the list of very serious operative procedures.

Thanking you for your kind attention to a poor paper, I have finished. R. P. IZLAR, M. D.

NO. 13.

UNUSUAL COMPLICATION IN COMPOUND FRACTURE  
OF LOWER END OF HUMERUS.

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During October last two boys aged about 15 were both seated upon a Texas pony, riding at rapid rate down a steep hill and urging their steed to greater speed by liberal use of spurs, which each boy had upon his heel. In crossing a washout the horse fell, and when the boys were picked up one of them, Bloxie Bill, was found to be severely injured. He had been anæmic for many months, with enlarged spleen and in general condition assimulating leucocytæmia. In about one hour he was brought to my office and I found the following condition : The humerus having separated from the epiphyses and perforated the tissues and skin, was projecting one and a half inches on inner side of arm; the elbow joint dislocated, with olecranon process projecting backwards and upwards by action of triceps. The epiphyses were both very movable, but were held in their relative positions by the capsule of the joint. The unusual complication above referred to was the radial and ulnar arteries, which in this instance had taken their origin high up, being brought out over the end of the bone, where they remained until the reduction of the fracture, which was about two or perhaps three hours.

The soft tissues and skin were torn about two inches crosswise, the anterior end of laceration being adjacent to inner side of biceps, two and a half inches above joint. The fracture implicated no portion of the shaft of the humerus, but was a separation of the epiphyses, which of course left a blunt end showing the facets of attachments and between them half an inch of cancellus bone, over which rested the two arteries, pulsating and apparently uninjured by the stretch of at least one and a fourth inches.

Under the influence of chloroform the bones and arteries were easily returned, the epiphyses adjusted and the radius brought to its proper place, and while being held *in situ* a few stiches were placed to close the wound, then a plaster of paris bandage with pasteboard splints to keep the limb in proper position, with view of ankylosis, terminated the dressing.

The patient was put on chalybeate tonics and quinine with antiseptic dressings. Suppuration commenced freely in seven days, when an opening  $1\frac{1}{2} \times 2$  inches was made in bandage over the wound to facilitate escape of pus.

Treatment was as usual in such cases and in three months wound closed, with partial mobility of joint, which has continued to increase till he is now able to feed himself with the hand and has at least one-fourth movement of the joint.

In looking over the literature of these cases I have failed to find, out of about forty cases of compound fracture with separation of epiphyses, a single case in which the vessels were brought out over the end of the bone, therefore deem the case of sufficient interest to the profession to bring it to your notice.

Respectfully, etc.,

S. STRINGER, M. D.

BROOKSVILLE, FLA., April 15, 1895.

**NO. 14.**  
**ABDOMINAL SURGERY.**

BY DR. J. N. D'CLOUD, VICE-PRESIDENT OF ALACHUA MEDICAL SOCIETY, MEMBER STATE MEDICAL ASSOCIATION.

NEWNANSVILLE, FLA.

There is certainly nothing in the domain of surgery of more importance to the practitioner than to be conversant with those cases that require laparotomy. Quite a good deal has been written upon this branch of surgery and are forced to say too much of it has been done for the good of our patience. There are many very difficult problems to solve in making a correct diagnosis, and much skill and dexterity to be displayed in operative procedures; therefore, I think it best to be very cautious and know you are right and then go ahead. I had an operation of this kind to perform a few months ago, a report of which I shall read for our mutual benefit. On November 4, at 5 o'clock in the morning, Cyrus Grant (negro), 30 years of age, was shot with a 38-calibre Smith & Wesson pistol at a distance of ten or fifteen paces, the ball entering on left side, just above the anterior superior spinous process of the Ilium. The ball took rather a transverse direction. The patient was carried a mile and a half in a rough wagon, four and a half hours after the shooting took place. At 10 a. m., my brother, Dr. J. L. Cloud and I were summoned to his bedside. He was in a dirty, filthy, negro cabin, with the most unfavorable surroundings for an operation, especially of such magnitude. We arranged two small tables upon which the patient was placed and thoroughly scrubbed with hot water, after which the anesthetic was given by my friend, Dr. Walts, while we prepared the instruments, which

consisted of bistouries, retractors, artery forceps, scissors and needles, in carbolized water. The incision was made in the median line, beginning about an inch and a half below the umbilicus. After the opening was made it revealed very conclusively that hemorrhage had been going on very extensively from the amount in the cavity. The bowels were drawn out and thoroughly examined, which disclosed twenty-one (21) perforations, besides several different perforations and contusions of the meso-colon. The margins of the wounds were pared and turned until healthy serous tissue was brought in close apposition, and fine silk sutures put in. While operating, hemorrhage made its appearance from three branches of the inferior mesenteric artery, which was immediately controlled with silk ligatures. Having completed the intra-abdominal work, that is, the suturing and ligating, the cavity and bowels were flushed several times with hot carbolized water, after which the bowels were carefully replaced, the external incision being closed with silk sutures, consisting of two sets, deep and superficial, the deep entering through the integument, fascia, muscle and peritoneum, the superficial through the integument and fascia. The dressing consisted simply of turpentine and absorbent cotton, with a bandage about eight inches in width around the abdomen. Treatment—Complete rest, with opium to prevent any peristalsis. First day, morning visit, pulse 85; temperature, 96°; respiration, 39. In afternoon called again at five. Pulse, 100; temperature, 97°; respiration, 25. You can readily see the influence of the opium upon the respiration. Second day, morning visit, pulse, 111; temperature, 97°; respiration, 13. Of course, understand, up to this date, he took no food at all. 5 p. m., pulse, 136; temperature, 97°; respiration, 5. The nurse, you understand, had given too much "resting powders," as they call it, though in two hours after giving him about two grains permanganate of potash, his respirations were 16 to the minute. Third day, morning visit, pulse, 13; temperature, 97°, respiration had dropped down to 13 again. In the afternoon, pulse 111; temperature, 98½°; respiration, 16. Fourth day,

pulse, 96; temperature, 100°; respiration, 18. Fifth day's visit, pulse, 100; temperature, 100°; respiration, 13. In the afternoon he was vomiting sterco-raceous matter. On sixth day, pulse, 100; temperature, 101° respiration, 14. There was tympanites from the second day, though but slight until the fifth. On the morning of the fifth we concluded to give teaspoonful doses of Sulphate of Magnesia, which acted very satisfactorily. On the sixth day, pulse, 110; temperature, 101½°; respiration, 14. On the 7th, 8th and 9th days he was doing remarkably well. Tympanites had subsided; in fact, he got out of bed on the eighth day, dressed himself and took a walk to water closet. His diet consisted principally of milk, broth, etc. On tenth day he was feeling and looking well. About 6 o'clock in the evening, he complained of feeling badly and in a short while was dead, to my surprise. What could have been the cause puzzles me.

**NO. 15.**

**THE CARE AND TREATMENT OF CHILDREN.**

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BY RUSSELL H. DEAN, M. D.

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Of all animals the new born child is the most helpless, and this want of self protection and defense against external and internal enemies to its life and well being continues for a long period from its birth, before nature endows it with the faculty of caring for and protecting self. Therefore, the study how to properly care for and treat children should require more profound thought than it does to be a specialist, an oculist, gynæcologist, or any of the other increasing specialistic branches of the medical profession.

If the child is properly cared for, and I place the word "cared" first and the word "treated" second, there will be little cause for the services of the numerous specialists, barring accidents, contagion, infection and their sequelæ.

The immunity which a child born of healthy parents enjoys for the first three months of its existence tends in a measure to compensate for the helpless condition in which it is ushered into this world.

When born of healthy parentage, nature delivers to us a most perfect machine, while at the same time it is "most wonderfully made," very intricate and delicate in all of its structure, yet perfect in all of its parts. How to preserve this perfect machine and allow it to mature into the perfect man or woman is the highest achievement of the physician's labor.

The writer does not expect to advance any new idea on this subject, but, if repeating an old caution, or warning, will serve to check, in even a small degree, the widespread evil of too much fashionable, artificial science of

feeding, clothing and dosing children, some good will result to humanity. We should endeavor to follow nature's laws and examples, which she places before our observation, and not to follow after the command of fads or fashion. In a common-sense way, and if we are not over blessed with common sense, we still have left the instinctive way that the lower animals have in raising their offspring. When the child is born, clothe it plainly and warmly, allowing the clothing to be loose, so as not to interfere with the free use of all the muscles. Especially should the abdominal muscles be free from compression. No belly-band is far better than a tight one, or even one that compresses in the least degree. Now place the babe to the mother's breast and try to impress upon her mind that God created her breasts for her child's only nourishment, and that its digestive organs are incapable of digesting and assimilating other food without danger of causing some serious stomach or intestinal disease, arising from fermentation, which may terminate in diarrhoeæ or marasmus.

The child should be kept in a recumbent position, alternately on its sides, but never, for any length of time on its back, until it is three months old. The back position depresses the occipital bone, which may produce Trismus Nascentium, and this trouble is not a very unfrequent one among ignorant careless young parents.

The medical treatment during the first six months of life should be largely *vis medicatrix naturae*. Too much stress cannot be urged against the using of all narcotics, opium and alcoholic mixtures, especially for young children, who cannot take opium and alcoholic mixtures, without suffering from an interference with digestion and assimilation, to some degree, and even when these drugs are seemingly well tolerated, it is not unfrequent to see a neurotic condition of the nervous system developed, as a consequence of their use. As a cholagogue, diuretic and purgative hydrargirum chlor. mitis. is our best and most harmless remedy, judiciously used. Castor oil is probably the next best for them.

For intestinal disturbances, due to the reflex irritation during teething, aromatic syrup of rheubarb with

bismuth or chalk is a safe and simple remedy, and when an astringent is needed in such cases, arsenite of copper has proven very efficient in my hands. In bottle-fed babies, we frequently have to give a germicidal purgative before the diarrhoea can be arrested, and calomel in small quantities, combined with chalk or bismuth sub nitrate stands at the head of the list, but we should never lose sight of the fact that more reliance can be placed upon the proper hygienic dietary, to cure bottle-fed babies, than upon medicine. Healthy cow's milk with lime water is the best of all substitutes for the natural food. Pure water, boiled, so as to render it absolutely free from germs, is a great adjunct in the treatment of babies. Water should be frequently given children, even when quite young, and this applies to the healthy as well as the sick.

Considerable discretion should be exercised in the administration of antipyretics to children in as much as they have a higher degree of temperature when sick, without any bad results, than do adults. We should refrain from using coal-tar preparations as much as possible, for these drugs all depress the heart's action, to some extent, and it is safer to confine ourselves to the use of tr. aconite in small doses, oftenly repeated, and the free use of cold water, sponging and bathing with it to reduce the fever when it is necessary to induce an intermission or remission.

Quinine seems to be borne in a relative quantity with about the same effect upon the nervous system as it is by adults, but this drug frequently disturbs the stomach and digestive organs, and we are forced to use it by inunction when its physiological effect is imperative, and to aid as a menstruum nothing has equaled pure leaf lard. It is much better than alcohol, vaseline, or sheeps-wool fat.

These few and simple remedies are about all we need for the treatment of children born of healthy parents, except such diseases as those classed as infantile diseases, viz.: Diphtheria, croup, measles, mumps, etc. The proper treatment and care of children born of diseased parents should be, in a general way, the same as

that followed with children of healthy parents; yet, each individual case requires the application to meet the exigencies of that particular case, for it looms up like an impossible obstruction, the blight of inheritance.

From the "Lancet" we learn that, during the last four decades the rate of child mortality, under 5 years of age, under the influence of the Public Health Acts, fell from 68.6 per 1,000 to 56.8 per 1,000. Notwithstanding this recent decline, it is admitted that the marked waste of infant life in Great Britain is a continual national disgrace. It is considered to be rather a social than a sanitary evil. What is true of Great Britain in this particular is equally so of the United States, and it is painfully apparent that it is becoming a social, fashionable fact that if there be any children, the number must be limited to two. We cannot expect very much good result from direct legislation on this subject, for it is very probable that each State would enact a law different from the others, and no general law could be enacted, or, if passed by the general government, there would be but little enforcement. Parents must be taught to think differently on this subject, and also educated or influenced to use greater care in rearing a larger portion of their children; but when we consider the pace at which the American people are living, at the present time, and the effects of this life upon the nervous system, the tension being constantly on the increase among those who are living the life of luxurious society, as well as those in the exciting strife of business, it looks as though our teaching and advice will be inadequate, and that nothing save a revolution of society of a character that will be national, or affecting even more than one nation, can change the tendency to the degeneration of our race. Luxurious, artificial manner of living produces neurasthenic condition of the brain and nervous system. Neurasthenia is the mother of physical degeneration. Physical and mental waste naturally follows physical degeneration. When this condition exists the small head-stones in our cemeteries will be increased, and the walls of our prisons and lunatic asylums will have to be enlarged in area, to accommodate the increased demand from those who live in adult life.

The physician's life is that of responding to the ceaseless demands of humanity; to assist in relieving it of sickness and suffering and if medical men cannot eradicate the primary cause of this social evil, which is being planted in our social and political life, it is their province and duty to be untiring in their efforts to arrest its growth, in the meantime doing all that we can to alleviate the suffering, correct the evil tendencies in every case to which we are called, ever renewing our energies in preventing healthy children from becoming diseased, thus keeping the scales well balanced on the side of true, natural, healthy life—the same condition we received from the Creator's hands.

NO. 16.  
REST AND ITS RESULTS.

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BY DEWITT WEBB, M. D., OF ST. AUGUSTINE, FLA.

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A gentleman whom I knew long and well, an active business man all his life, and a bank president for many years, but who never grew in touch with some modern ways, once said to me that he could not get to understand the fashion of a yearly vacation from business of one or two months. "Why not take your daily vacation as you go along?"

He never took a vacation, that is, not, of course, a short trip somewhere on a visit or the like, and yet was past seventy years of age. For many years, however, he took an hour's nap in the afternoon as regularly as the afternoon came round. No one was allowed to disturb him and he arose refreshed and was wide awake until nine at night and was awake and up by five in the morning.

This represents the old school way. The modern world has widely departed from it in ways and methods, whether wise or not we will not stop to inquire.

The pace is set, and we must keep step with it or fall out by the way. That it is often a pace that kills no one will deny. How to keep it from killing is one of the problems of to-day, and to none does the problem present itself with greater force than to the physician, who is daily in the midst of it all, and sees the victims of over-work and worry.

The members of the profession in Florida are like a reviewing corps as the procession of rest-seekers pass us by. How many pass by whose step or face or manner of speech tell all too plainly that already rest comes too late. That the over weary system has fallen into organic change

and that few will ever be turned back from the down-hill course. They are already past the time when rest will restore.

And so we come to the consideration of what rest will do in the restoration of suffering humanity in the especially those diseases which have their origin in the nervous and circulatory and digestive systems.

The importance of this subject cannot be overestimated, for it strikes at those who, in all the pursuits of men, are the leaders in thought and action, and these are they who in the midst of a busy career suddenly find themselves commanded by an unseen power to stop, and whose voice is so imperative that they cannot fail to obey, or, if they attempt to disobey, are soon taught that all nature's laws are imperative and brook no disobedience.

What place does it hold and why does rest cure?

Behind all the vital machinery of heart and brain and nerve tissue, there is a vital force which can give enduring power, and this force seems to depend comparatively little upon the size of brain or strength of muscle or capacity of lung or strength of heart beat.

We look up the line of his ancestors and determine his chances of long life from the record they give, for this alone, in a great degree, determines whether the vital force, which eludes us if we seek for it, is inherent in the subject and gives promise of length of days.

We all know, however clear a lung may be of disease in some young person, that we cannot predict future immunity unless we know the life history of his ancestors. If this is given we are justified in great degree in predicting the course of his own life.

I have only used this illustration to show how in our inquiry we must turn back the pages of life history if we would read correctly the present open page. For the dimmed and often forgotten pages tell of the limit of the power of endurance in many preceding generations.

Look at the children of men in the great activities of life, either in politics or business. Born of fathers and mothers living in the very stress of modern life, these children show signs of degeneracy almost as soon as intelligence appears. These children are born tired, for their

parents were tired at their conception, and yet the world wonders that children of brilliant parents should be so dull and fall so far behind their progenitors.

"Without haste, without rest," is no longer a motto in field, study or workshop, and as a consequence there is either a failure of best work or the breakdown of the worker.

How best to meet all the results of overwork is a problem that faces the physician every day, and what he shall do is often the most perplexing of questions. The patient may need absolute or partial rest. The symptoms may indicate mere functional trouble or may indicate the beginning of organic change, and yet the environment may be such that the great and vital remedy, rest, can only be given in such broken doses as to be of little avail.

Granted, however, that needed rest is possible, how shall it be, and what will it do? It will do a vast deal. For, let it be remembered, that until the vital forces are on the wane, through age, the tendency of disease is toward recovery, and of the forces that can be called in to aid, none other or all together are as powerful as rest. There is no better illustration of this than in those cases where we have an enforced rest from the beginning. Take for example the familiar case of a sprain complicated with a fracture and a simple sprain. In the one case the broken bone calls for an enforced rest of several weeks' duration, and at the end of that time all effects of the sprain, have disappeared, while a simple sprain, the proper treatment for which your patient will not submit to, as it is "only a sprain," will give him pain and suffering for a year.

This paper is written mainly for the purpose of calling attention to those cases of breakdown, of which we see so many every winter, called perhaps as well by the term Nervous Exhaustion as any other, and numbers in its meloncholy hosts so many eminent at the bar, in the pulpit, in the counting-room, in Wall Street, and in the offices of State.

The lawyer has lost his thread when addressing the jury; the judge has failed to make some principal point

in his charge; the clergyman has lost his old-time creative power; the merchant has lost the faculty of successful trade; and the man in Wall Street, has lost the ability of forecasting the course of the money market, and has sadly left the fields of life-long endeavor to search in genial climes for lost power.

Will the search be successful? Who can tell? The eye and gait and manner of speech tell all too well the story.

Can rest restore? That depends on how far over-work has strained the vital force. Rest, but how shall he get the kind of rest he needs? Distance from the scene of activity will of itself do much but not all, for care can be carried many a mile as a load that never lightens.

There may have been a loss of will so that the automatic action of the brain and nervous system goes on without control. They come in all conditions of the mind, from the man who thinks he needs no physician to the man who desires constant medical care because all confidence in himself has gone. The greater number in any event come with the very spirit of unrest and ceaseless distress, both mind and body out of tune.

In all we see many of the same symptoms, but our prognosis will differ widely as we distinguish between those where the trouble has already gone on to the beginning of fatal change, and those where rest complete shall set the vital forces at work to repair the damage a too continued strain has wrought. And there is no more interesting operation to note than in the watching of nature's work as of herself she seeks to heal the trouble her own children of these late days have brought upon themselves.

The taxed brain has long refused to sleep but has gone on at night with the labors of the day in uncontrollable thinking, that goes on to the ever increasing exhaustion of nerve force.

The thinking becomes a poor thinking, it becomes a thinking that does not advance, but gets into narrow limits, from which it does not emerge, but goes on in

apparent activity only to return again and again, and again has begun.

Have any of us ever seen any recover from this state?

In another the insomnia yields to the rest which comes with change of scene and clime, and we witness with the greatest satisfaction the improvement, be it ever so slow, that tells of recovering power, and sometimes almost like a new existence there comes again what had apparently been lost forever, and life seems new to the man whom insomnia had driven almost to madness and despair, but to whom rest has brought a renewal of lost mental and physical vigor.

What may be termed climatic rest, seems sometimes of the greatest use in the treatment of all the nameless ills that go along with, and are dependent on the insomnia producing condition, and in this the climate of Florida easily holds a first place, as we all know from our own observation. We have seen what a rest, more or less complete, can do in the restoration of impaired energy, by its conservation through perhaps many months until the recuperative powers are once more restored to old-time vigor, and the man returns to his work and takes his place again among men, although some of the symptoms, when he presented himself, may have looked toward that organic change which would preclude a favorable prognosis.

There comes to us a case of concussion. The jar has been a light one and the next day symptoms, as shown in the soreness of the muscles may be slight, and the patient may laugh at the directions to take his bed and remain there, for a fortnight perhaps, with the admonition that it may save him from much future woe. And the treatment is correct, for in the one case there is complete recovery from the effects of the concussion, while in the other, if the patient goes about, he grows worse and worse until he takes to his bed for many weeks.

The age is one of overwork and worry. I am not at all sure that there is so much more or better work done, but it is done at such a pace that if the pace is kept up in work, there must be, so to speak, an equal pace in

resting. This, however, is hard to secure, and instead of the so-called rest resting, it sometimes intensifies the trouble and the man returns to his work still more weary.

May not the future hold the solution? The advance in all the means and methods of modern civilization has been so rapid that modern man has himself not had time to learn as yet to keep up with them without harm to himself. I have a notion that before long he will learn to better adjust himself to changing conditions, and so come to something of former health and peace.

There are signs even in this day of unrest and discontent, that men are beginning to learn a little of the gospel of the proper care of the body, that there may come mental and bodily endurance to old age. If we do not learn the lesson, a decadence will begin, that may come near or quite to wrecking civilization altogether, and make a return to the dark ages, with its long mental rest a possibility.

You say this cannot be. If there is any lesson to be learned from history, this is certainly the lesson, viz.: That civilization begins to die at the top from overstrain of mental and moral forces, until those who should lead are no longer able to control, having themselves lost control over themselves.

I am neither an optimist nor a pessimist, but there are conditions that must be fulfilled if modern society would endure, and if modern civilization is to miss the fate of the older. And if it would avoid the beginning of death at the top that has carried off the older civilizations, it must avoid the rocks on which they split.

The German empire itself, the very home of rest and of consequent best work, is getting out of it into the same turbulent stream.

The pace today set in all business, of itself leads to that inevitable mental state, that brings on industrial wars, because there is on the one hand the man of millions overtaxed and worried with his burden, and on the other the underpaid workman overtaxed with the burden of a family. And the wife of the workman suffering even worse than her husband from the daily stress of

care, and calling for an impossible rest under present conditions. And the wife of the millionaire overburdened with the strain of society.

Is it not possible for modern civilization to adapt itself to its environment, in such a way as to cease to be in danger from dying at the top, because if those at the top in influence and talent and culture break down it is impossible for society to advance. If we cannot go on in the leisurely way our fathers were wont to go, then we must rest more thoroughly and completely than they. We must enforce the gospel of rest before that subtle change comes that says too late, too late.

NO. 17.  
APPENDICITIS.

A Plea for Early Operation.

BY DEWITT WEBB, M. D.

Since the beginning, or since the evolution of the physical man he was left with an appendix vermiciformis. This little, useless, functionless remains, apparently of something more noble, has claimed its victims from all countries, and from all peoples.

Until recently, the numerous deaths from appendicitis were reported under the heads of different diseases, accordingly, as this or that symptom or result of the disease was most prominent.

Within the last decade light has been let in, and the deadly work of this hitherto unknown disease, largely arrested. And it was by the intelligent, industrious, persistent and progressive effort and research of American surgeons that this saving of human life was accomplished.

It has fallen to my lot, during the last three or four years, to see a number of cases of appendicitis in the various stages of the disease, and to aid in their treatment. I have been deeply interested in the subject, particularly after I had witnessed the results of delaying a necessary laparotomy. I have read with much interest the current literature on the subject, and have studied the symptomatology, etiology, pathology and treatment of the disease with much care. But I do not claim to have anything new or original to offer. My only object in presenting this very short paper, is to present a plea for earlier laparotomy, in preference to the medical or expectant plan of treatment.

My views may be at variance with those of many of you, but I am firmly of the opinion that every case of appendicitis should be operated on as soon as the diagnosis can be made, except perhaps cases of the mildest character. Grant that occasionally a case may be operated on which would have gotten well under the expectant treatment. I claim that even in this case the laparotomy was not only justifiable, but demanded. For no one can foretell what the end will be without early operation. We know that most cases die. By the operation, the increased danger is almost nil, and by removing the appendix the patient is insured for life against the disease, while if he had perchance gotten well without operation, he would have had no guarantee against repeated attacks. If delay is ever dangerous, I regard it as doubly so in this disease. We know that in many of the cases, by adhesive inflammation, there is an impervious wall thrown around the inflamed or gangrenous appendix, making a pus-cavity, and confining the pus and limiting the inflammation to a small area. There is no way of determining, prior to the incision, whether a given case has such protecting wall. Even if it were possible to determine that a wall existed, the fact of its existence would be no excuse for any delay in the operation. At any moment this pus cavity may be ruptured by accumulation of pus, and purulent serum from within, permitting the poisonous matter to spread throughout the peritoneal cavity, lighting up general infectious peritonitis, which very soon places our patient beyond medical or surgical aid.

Cases without a protecting wall, and a large number are without, or have very imperfect walls, usually run a much more rapid course. At the end of twenty-four or thirty-six hours, often a gangrenous perforated appendix, bathed in pus is formed, and as there is nothing to prevent the overflow of pus into the peritoneal cavity, general peritonitis may exist at this early stage. Since the day of aseptic surgery, surgeons are in accord in the statement that cases operated on, while the inflammation and suppuration are confined to the appendix and its immediate vicinity "yield to operation almost without exception." Surgeons are equally in accord as to the

hopelessness of a case where general septic peritonitis has set in. Some have gone so far as to say: "All such cases die."

In the light of these facts, I fail to see any excuse for waiting from day to day, hoping for resolution or some other happy termination. I am so fully convinced of the necessity for early operation, that if I were called to see a case of well defined appendicitis at night, I would not wait for daylight, but operate at once, if it were at all practicable to do so.

I am equally convinced that if this course were pursued by the profession at large, the saving of life would be the result.

NO. 18.

PUBLIC HYGIENE IN THE LIGHT OF RECENT  
OBSERVATIONS AND EXPERIMENTS.

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BY JOHN P. WALL, M. D., OF TAMPA, FLA.

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Medicine is an inductive science dependent largely on observation and experiment, and consequently we find with the progress of time and the advancement of knowledge that the more we learn, comparatively with our expanse of information, the less we positively know ; and that much which we so learned in our earlier days, has either proven erroneous or is so materially modified by subsequent observations and teachings as practically to be of no advantage.

And possibly in no department of medicine have greater changes taken place within the last quarter of a century than in that branch pertaining to the etiology of disease, which in recent years is generally expressed by the threadbare term Hygiene—a word with its prefix *anti*—which has been conjured into a veritable Pandora box to frighten the public and produce a “Reign of Sanitary Terror.”

We may have a general and vague idea of what we mean by *hygiene* the same as we do by the word *health*, but when we undertake to specify the conditions or environments of a perfect hygiene we find ourselves at as great a loss as we would to define a state of perfect health. According to Dunglison: “Hygiene is the part of medicine whose object is the preservation of health. It embraces a knowledge of healthy man, both in society and individually, as well as of the objects used and employed by him, with their influence on his constitution and organs.”

It is easy to say that the great requisites for a state of perfect health, or first-class hygienic conditions: are good food, pure air and pure water. While admitting this much as probably correct, though rarely attained in the social state, it would be a matter of no small interest for the hygienists, or so-called sanitarians of the present day, to point out and prove from experience or observation the anti-hygienic factors and conditions which they are able to positively demonstrate as causes of disease, and especially of epidemics. It may be easy to prate about "sanitary science" and the progress it has made in recent years, and write volumes of glittering generalities interlarded with bald, bold assertions and statements of what are claimed as facts, but none of which can be proven by observation nor demonstrated by experiment. In fact, on studying the subject with anything like fair-minded attention in the medical literature of the day, it soon becomes transparently evident that the absence of those ideal hygienic conditions, which we have been taught to consider as so essential to health, and the presence of the opposite anti-hygienic conditions have, as a rule, nothing whatever to do in the causation or propagation of disease.

Leaving out what is known as malaria, which is only recognized by its effects, and there is not another morbific agent which may be connected with the soil so far as known. Nor are there any indications of the presence of malaria in one locality which define it from another where its presence is never recognized. It is the general impression that malaria is an emanation from marshes and swamps, but it is not improbable that the experience of most of the older physicians of this state has been, to a considerable extent, to the contrary, and that they have encountered malaria in many localities whose environments promised great salubrity; while in other places, where *a priori* the conditions of topography and natural growth of the soil would seem to indicate malaria, none was present.

So much, then, for the natural pollution of the soil where men and civilization have had nothing to do with its infection with morbific germs, were that possible.

Happily, the great laboratory of nature is so conservative in its methods as to prevent mischief from the apparently deleterious while utilizing all, every atom as it were, in a harmonious and beneficent work, so that the effete and offensive is again converted into the useful—nothing is rejected as worthless. Even the process of decomposition with its putridity is pre-eminently conservative in its relation to the well-being of the human race; and the so much talked of pollution of soil, air and water, as deleteriously affecting the health of the human race, is found to possess little, if any foundation in fact.

So far as respects the soil becoming infected with pathogenic germs (microbes) of disease, observation and experiment have conclusively demonstrated that it is only in sterilized soil the pathogenic germ can survive for any length of time, for the simple reason that it is destroyed by the bacteria of nitrification in the process of decomposition. Examination of the sewage from the pipes discharging their contents on the sewage farms near the city of Berlin failed to find the bacillus of typhoid fever, for the reason already stated, the destruction of such germs in the putrid mass. "Both in the North and South districts numerous bacteriological examinations have been made. Not only was the water in the drains; that is, the purified water—free from the bacteria of typhoid fever, but so also was the raw sewage when examined at its arrival at the farms." Of course, when raw sewage is thrown on the soil and comes out of the pipe with great force, there is a general stirring up of its foul contents, which naturally causes very unpleasant odors. Then, again, the soil receiving much more water than is natural and needed, there is a tendency to flood low-lying ground, and many cottages are damp and their cellars half full of water. This is more particularly the case at Wartenberg, where the cellars are so constantly flooded that, as one informant graphically declared, "the peasants swim in it." \* \* \* \* \*

"Nevertheless, and though it is easy to pick holes and criticize details, and though undoubtedly many defects exist, the broad fact remains that Berlin is drained throughout. The death-rate on the sewage farms

is low in spite of occasional accidents, such as cases of typhoid fever and cholera nostras."—*London Lancet*, June 23, 1894.

Again, in a debate on the disposal of the sewage of Paris, in the House of Deputies of France, in which the sewage farm of Gennevilliers, near Paris, came in for some criticism, M. Bourgoin, Chemist to the Assistant Publique, in the course of his reply, said: "The sewage of Paris must be utilized and not wasted; but we are told that in accumulating on a restricted space millions and millions of microbes we shall produce untold calamities. It is true that there has been no epidemic due to microbes at Gennevilliers; but then we are again told that the microbes are only sleeping, that they will awake one day with terrible effect. They had, however, been sleeping now for twenty years on the plains of Gennevilliers; this seemed more like lethargy than asleep.

These microbes had been searched for over and over again, but could not be found at a depth of 75 or 80 centimetres, and the sewage water, when it came out from under the sewage farm was free from bacteria; it was so pure that he (M. Bourgoin), had drank it and yet lived to relate the deed. \* \* \* At Gennevilliers the population had been increased by the sewage farms from 1,500 to 6,000 inhabitants, and the health of the people had likewise improved. \* \* \* M. Bourgoin, on descending from the *Tribune*, was warmly congratulated. The members of the Government Commission were especially pleased, and crowded round to shake hands and to express their satisfaction."—*London Lancet*, March 23, 1894.

As a further argument against this soil-pollution theory as a cause of disease, it may be interesting to contrast two American cities, New Orleans, La., and Washington, D. C. The foundation of the former is made by the debris of the Mississippi River; its soil is like a sponge; it has and can have no drainage. The soil is saturated with human excrement; the people of New Orleans live on a dung-heap, and it may be said that they have a privy in common. Dr. Joseph Jones says that the main drains and canals of New Orleans are blocked up with offal, presenting a green, seething, putri-

fying mass of filth. Large numbers of the people sleep on the ground floor of houses badly constructed, badly drained, situated on land which is saturated with water which is the seepage from privies and foul drains. And yet, Dr. Jones says, the death-rate of the whites—exclusive of the foreigners and strangers and laborers who crowd the hospitals and prisons—would not exceed 15 per 1,000 of the inhabitants. The city of Washington contains 12,000 less people than New Orleans. It has an abundant supply of good water, it is well sewered, its streets are broad and kept scrupulously clean, its plumbing is carefully supervised, it has sanitary regulations without number; its sanitary inspectors are emblazoned in uniforms; to the observer it is the ideal of the sanitarians in direct contrast to New Orleans; yet its mean death rate for thirteen years has been 23.88 per 1,000 of population. The percentage of deaths from zymotic disease in total mortality in Washington for the four years ending in 1889 was an average of 21.89 against that of 16.61 for New Orleans for the same time." *Vagaries of Sanitary Science*, by H. L. Dibble; Lippincott's, Phil., Pa., 1893.

As regards filth-producing typhoid fever, Liebermeister says: "In fact daily observation is sufficient to show that the decomposition of organic substances and of excrementitious substances is not of itself sufficient to produce typhoid fever. There are multitudes of houses in which the effluvia of the privies can be smelled through all the rooms, and in which the inhabitants are constantly inhaling sewer gases; and neither the temporary nor permanent residents are attacked with typhoid fever. It can readily be seen also that there is no relative proportion between the frequency of typhoid fever and the want of cleanliness in different cities; the dirtiest cities may be exempt, and the cleanest attacked. There are villages and there are certain quarters in cities where, both within and without the dwellings, decomposition of organic and excrementitious substances is constantly going on; but only in some of these situations does typhoid fever occur; while in others it has never been observed within the memory of man." *Ziemssen*, Vol. I, p. 50.

Did time and space permit other data might be given and other evidence adduced to prove that filth plays no part whatever in the causation and propagation of disease; and that also the soil is not polluted by putrid filth being poured or cast on it to a sufficient depth as to affect the underground water at a depth of a few feet below the surface. In fact, as already seen in the case of the sewage farm at Gennevilliers no pollution of the soil is manifest after twenty years.

Nor is there any evidence that filth has anything to do whatever with epidemic diseases of an infectious or contagious character. The committee consisting of Drs. Sternberg, Chopin and others, appointed to investigate the wide-spread epidemic of yellow fever in the Mississippi Valley in 1878, say in their report: "The committee cannot find that there are any uniform local conditions. Yellow fever has prevailed in cleanly places and in filthy places, in high places and in low places, among the rich and the poor."

We will now consider the water-pollution theory as a cause of disease; and in the outset it may be as well to observe that by pollution is meant the presence of filth in the water and not the supposed pathogenic germ of any disease. The presence of the latter in any water—whether pure or polluted—would render it infected; so that it is to be borne in mind that the terms polluted and infected are not synonymous, nor used to mean the same thing. Pure water may be infected with specific disease microbes as well as impure water.

As regards the effect of polluted water, Liebermeister says: "It must be understood, however, that not all well water which is mixed with drainage from privies produces typhoid fever; the presence of the typhoid poison is a necessary condition. In a region where there is no typhoid fever, the drinking of excrementious matters does not produce typhoid but, at the most, only other derangements. In this way we explain the common experience that a well may furnish harmless water for a long time, and then, if a single case of typhoid is introduced, give rise to an epidemic."—Ziemssen, vol. 1, p. 58.

On the same point Rohe says: "Organic detritus of various liquids, sewage, decomposing animal and vegetable matter, refuse from manufacturing establishments, may be a source of pollution of water and render it unfit for drinking, or other domestic purposes. It is, however, not certain that water thus rendered unclean is prejudicial to health; in fact, Dr. Emmerich, of Munich, has recently put his skepticism on this point to a practical test. For two weeks he drank daily from half a litre to a litre of very filthy water, in fact, nothing less than sewage. The water was both chemically and physically exceedingly impure. Several of the experimenter's patients partook of the same water without any ill effect. The result of Emerich's experiments, and of other well known observations, seem almost conclusive that the products of animal and vegetable decomposition, taken into the body with drinking water, cannot be looked upon as certainly harmful." Text Book on Hygiene, 1890, p. 61.

Prof. W. G. Sedgwick, of Boston, Mass., has this to say of polluted water in discussing outbreaks of typhoid fever in Lowell: "It so happened that during the previous autumn I was engaged in studying the well waters there, and was acquainted with local conditions where a well was found which, in its chemical and bacteriological condition, could have produced the whole epidemic upon the old theories of the causation of typhoid fever. It was unquestionably charged with matters directly derived from sewage. Its connection with cesspools was demonstrated by chemical analysis. People were getting the water right and left, and there was every reason why they should have typhoid fever on the old theories of the disease; curiously enough the people who drank the bad water were comparatively free from typhoid fever; \* \* \* in other words, drinking ordinary sewage did not hurt them, but drinking infected sewage did hurt them, and they began to have typhoid fever. \* \* \* \* \*

"The Lawrence Experiment Station has done an immense service by showing how water can be purified by a few feet of common sand. I am inclined to think that in some of our books on sanitary science the strik-

ing diagrams which we see of the house privy, and the drippings running from the privy into the well, will have to be modified. \* \* \* \* \* Not only are pathogenic germs, but all other germs, removed by their passage through the soil. Even taking the lurid picture which Dr. H. has drawn of a lot of fecal matter deposited near a well, let us suppose for a moment that these microbes were not noticeable. How many of them do you suppose would survive in the putrifying mass to get through into the well? The fact is, that these organisms have their life history, their favorable and unfavorable environments, and we have been studying these environments in the last five years and have learned that some bacteria die rapidly under conditions which were formerly supposed to be favorable for their growth. It is a fact that the typhoid bacillus dies out quickly; it dies out very quickly under unfavorable circumstances, although in some instances it may live a long time. \* \* \* \* \* The facts are, that we have to come from glittering generalities to actual specific experiments. We know what the life of many of these bacteria is—how short it is."—Reports and Papers of the Public Health Association, 1893.

"Fortunately, so far as we are aware, none of the pathogenic bacteria are capable of developing in water to any considerable extent, and as even to impure water, the other forms present tend to destroy the disease-producing germs, unless a water is exposed to repeated infection, dangerous conditions tend to disappear. On the whole, the general tendency of the results of bacterial life in water is to purify it and to remove noxious substances.

\* \* \* \* \* The temperature of the water or air, contrary to what might be expected, has very little effect upon the number of bacteria present. \* \* \* Rainfall and melting of snow appear to be the chief factors affecting the number of bacteria in natural waters. In the writer's experience of Canadian waters, seasons of heavy rainfall were attended by marked increase in the number of bacteria. This accounts for the increase in bacteria noticed just before the onset of winter, a time at which all the rivers become full. \* \* \* \* \*

Although, as a matter of observation, the number of bacteria in natural waters does not seem to diminish notably during winter, there can be no doubt that the continual low temperature of the water not only checks the natural increase of bacteria in water, but actually tends to destroy their vitality." \* \* \* \* \*

"*Light.* It has long been known that bacteria grow best in the dark, and recent experiments have shown that direct sunlight has strong germicidal powers over many bacteria. The experiments of Buchner and others show that both liquid and solid cultures of typhoid bacilli and bacillus coli communis were killed by exposure to direct sunlight for half an hour.

"It is well known that the subsoil drains of sewage farms which form a system of effluents to the filter beds, contain as a rule remarkably few bacteria, these having been removed by the soil. At Lawrence, Mass., a system of filter tanks was established for the purpose of obtaining accurate quantitative results in sewage filtration.

"These were filled with sand to a depth of three to five feet above a layer of rock or cement, and some yellow loam was placed on the surface. The sewage was applied intermittently in small quantities at a time, and the observations upon the effluent were continued over periods of from two months to three years without changing or removing the filtering material. It was found that by proper care, the filter at the end of three years' constant (intermittent) use was in perfect order, free from disagreeable odor, and capable of yielding an effluent containing few bacteria, only about .001 per cent of the number in the original sewage, and which for the most part contained only 0.3 to 1 per cent of the ammoniacal and organic nitrogenous matter present in the sewage."

"These observers attributed these very satisfactory results to biological causes, namely, the burning or oxidation of the bacteria and organic matter by the agency of living organisms present in the sand. \* \* \* \* \*

"From the above experiments we have seen that it is possible, experimentally, to imitate successfully the natural filtration as it takes place in the earth, with the result of obtaining filters which gain, instead of losing,

in purifying powers after years of use, and which yield a water comparable to the natural ground water. \* \* \*

"Infection through drinking water has probably been overrated as a factor in the production of typhoid fever, and too great a tendency exists to look upon this as constituting the only danger. Where infection can clearly be traced to a pollution of the water supply having an obvious connection with a case of typhoid fever, there need be no hesitation in assuming that this has really taken place; but, at the same time, typhoid can be equally readily communicated by food supply, milk, kitchen utensils, soiled linen and furniture, and probably, by the air." Water, Reference Handbook Medical Science, Vol. IX., 1893.

Dr. Cyrus Edson, Commissioner of Health for the City and State of New York, in explaining the outbreaks of typhoid in the winter at the North, says: "Two causes probably operate to effect this: First, oxidation, due to the action of free oxygen and resultant oxidizing processes in the water, affects organic compounds, and destroys germ life more rapidly under the influence of warm weather. Second, the micro-organisms of fermentative decomposition of organic matter (including the nitrifying bacteria) in contaminated water are most active when the weather is warm, and these germs or their products are probably inimical to the bacillus typhosus. Cold water, in other words, tends to hold the typhoid bacillus unchanged; to preserve it so that it may be carried great distances by flowing streams, and to render the contamination of the underground currents supplying wells and springs much more dangerous during the cold seasons of the year than in the summer, when oxidation and fermentative changes due to warmth are active. \* \* \* \* \*

"The subject may be summed up, to-wit: Experience and science point straight to the fact that water purifies itself much more efficiently and with greater rapidity in warm than in cold weather." N. Y. Medical Record, May 5, 1894.

So that in this climate there really need be no very serious apprehension of epidemic outbreaks of typhoid

fever from contaminated waters. Besides, the old theory of disease germs finding their way into wells with the seeping water through our sandy soil, is conclusively demonstrated by observation on the sewage farms and the filtering experiments at Lawrence, Mass., to be erroneous.

It is the fashion at the present day among *soi-disant* sanitarians and sociologists to prate much about the pollution of streams and other bodies of water. Now let us see how much truth is found in their assertions.

"Alessandro Serafini states that daily observation and scientific research accord in showing that, in the majority of cases, the water of running streams, spontaneously and in a short time, is purified of all abnormal and heterogenous substances which it has received in traversing a great centre of population. The works of the Royal Commission, the classic report of A. Durand-Claye on the Seine, the chemical and bacteriological analysis of Schilhoss of the Iser, Fleck of the Elbe, Moser of the Main, Frank of the Spree, and Celli and Scala of the Tiber, demonstrate that the quantity of organic substances, ammonia and bacteria diminishes at a slight distance from the point where they enter the stream, while there is an augmentation of nitrous and nitric acid, indicating that the work of oxidation is progressing."

"Aeration, in consequence of a continued renewal of air, in no way prevents the development of micro-organisms; and while it is indubitable that the presence of air is indispensable for the oxidation of organic substances elaborated by the bacteria, that aeration does not alone suffice to accelerate the oxidation. The experiments showed that there was no constant and appreciable difference between water in which there was continuous aeration from the rapidity of the current and water in which aeration was effected under barometric pressure or the influence of temperature. The action of low temperature is incontestable in killing or inhibiting the development of bacteria; though in large masses of water, if favorable for the development of bacteria, lowering of the atmospheric temperature does not seem to produce any noxious action. In experimental researches and in local observa-

tions on water having a rapid or slow current, it may be established that there is a gradual and continued sedimentation of bacteria that is favored by the assistance of other substances held in suspension in the water. It seems that the self-depuration of water is not affected by oxidation processes in the mass of water itself. The rapid diminution of bacteria is due to sedimentation, dilution, the mechanical action of substances held in suspension, the motion of water, the low temperature, a superficial filtration on the bed of the river, and, perhaps, an inherent action of the water itself. Consequently, sedimentation and dilution produce a rapid diminution of organic substances and ammonia, while there is a rapid but gradual increase of nitrites and nitrates with a diminution of bacteria."—Universal Medical Sciences, Vol. V, 1893.

Only a few years since the pollution of the water courses was one of the great bugbears of the sanitarians without any regard to observation and scientific research. Some fellow has reiterated the statement in stentorian tones sufficiently often as to have been heard and the cry taken up by others emulous rather of notoriety than the elucidation and establishment of truth; and thus a new terror was conjured up to frighten an ignorant and credulous public.

The air may be contaminated in confined spaces with poisonous gases to such an extent as to be inimical to animal life; but owing to the law of diffusion of gases no such danger is incurred in the open. And while there is much evidence in favor of certain infectious diseases being contracted through the air, no method of investigation has thus far been able to conclusively demonstrate it as a fact. Outside of meteorological conditions of temperature, pressure and humidity we have been unable to show any relation between the air and disease, except so far as the air may have been a vehicle for pathogenic bacteria. Contrary to popular belief and the teachings of the sanitarians, there appears to be no proof that the air is materially vitiated or poisoned in the presence of decomposition and putrefaction. Sewer air, erroneously spoken of as a gas, has been held responsible

for producing many and various kinds of sickness, but with how little foundation in fact we shall see.

"Mr. J. Parry Laws, H. I. C., has presented to the main drainage committee of the London County Council two reports embodying the results of his investigations, undertaken at their instance, on the composition of sewer air. He refers briefly to the experiments on the same subject conducted by Dr. Carnelly and Dr. Holdam, whose observations were made in the main sewer of Westminster Palace and in various sewers in Dundee. Their conclusions were that the air of sewers was much better than might have been expected; that the proportion of carbonic acid gas in sewer air was about twice, and that of organic matter about three times that in the outside air; that the number of micro-organisms were less in sewer air than in the outside air; at the same time that, as regards the impurities just mentioned, the air of sewers was in a much better condition than the air of naturally ventilated schools, and, except as regards the organic matter, in a better state than that of mechanically ventilated schools; and, finally, that the sewer air contained a much smaller number of micro-organisms than the air in any class of house in which they had experimented. Mr. Perry Laws made his observations on the King's Scholars Pond Sewer, which runs from Piccadilly to Buckingham Palace Road under the Green Park. He found that the micro-organisms of sewer air are related to the micro-organisms in the air outside, and not to those in the sewage. In the air, both within and outside the sewer, the forms of micro-organisms present are almost entirely moulds and micro-cocci, whereas, on the contrary, the micro-organisms of sewage are for the most part bacilli. Mr. Laws is of opinion that, in the absence of violent splashing, there is little or no reason to think that the micro-organisms of sewage become disseminated in the sewer air. In a further series of experiments the conclusions already arrived at were confirmed. He also investigated the question as to whether an increase in the velocity of the air current through the sewer affected the number of micro-organisms found in the sewer air; it was found that a considerable increase

in the velocity of the air current did not produce an increase in the number of micro-organisms found in the sewer air. He also found that the results of experiment on large sewers hold good for small sewers. In regard to the actual kinds of micro-organisms in sewer air, Mr. Laws supplies a table of those he identified. It is, he considers, especially noteworthy that two organisms present in sewage in large numbers the bacillus coli communis and the micrococcus ureæ were not found in sewer air; and he notes the fact that organisms capable of liquifying gelatine were also almost entirely absent. It is remarkable that all the micro-organisms found in sewer air belong to the non-pathogenic class. It will be seen that Mr. Laws' observations tend to show that the organisms found in sewer air probably do not constitute a source of danger to the health of human beings."

London Lancet, March 24, 1894.

Rohe says of sewer air: "It is believed by some physicians and sanitarians that sewer air is the direct cause of such diseases as typhoid fever, scarlet fever, diphtheria and cholera, while others hold the view that the sewer air is merely a favorable breeding place for the germs of those diseases, and that it thus merely acts as a medium in which the infected agent grows, reproduces itself, and is conveyed from place to place. There is absolutely no trustworthy evidence in favor of either of these doctrines."

"The effluvia from cemeteries, knackeries, and other places where the bodies of animals are undergoing decomposition, are popularly regarded as deleterious in their effect upon health. The evidence in favor of this view is, however, very indefinite."

"The gases resulting from the *putrid decomposition of organic substances*, such as are found in tanneries, glue and soap-works, and similar industries, are popularly believed to give rise to various diseases. There are no observations on record, however, to show that such is the case. As a matter of fact, the workmen engaged in the industries mentioned, seem to be exceptionally healthy, and to resist to a considerable degree the ravages of phthisis and epidemic diseases."

To present the facts and enable you to investigate and determine for yourselves as to their truth and authenticity, it has been necessary to quote rather extensively from various works. It has been my endeavor to show the falsity of the general accredited belief in the doctrine of the impurities of soil, water and air being held responsible as causes of disease, and more especially of epidemic diseases and typhoid fever. It is also shown that the soil cannot be polluted by any amount of filth, nor permanently infected by the microbes of disease, which has been conclusively proven by both sewage farms and the experimental station at Lawrence, Mass.; that water courses, when polluted, rapidly undergo depuration by the nitrifying bacteria, oxidation and sedimentation, and possibly by some inherent dynamic force of the water itself; that sewer air is not a vehicle of pathogenic microbes from the sewage in the sewers ; and, finally, that the offensive odors given off from putrid decomposition cannot be considered detrimental to health. Nor is there any evidence to prove that water polluted by decomposing animal matter is the cause of typhoid fever or other zymotic disease. Water, to be a source of disease, must be infected with the specific pathogenic germ of some special disease, and then it matters not whether the water is clean or not.

One other point in connection with this subject is worth emphasizing, and that is the greater activity of the nitrifying bacteria in warm weather; so that in our climate there is much less cause for apprehension from the known pathogenic germs than in more northern latitudes. And consequently the furore about a good sanitary condition of our towns, because of their lying in a low latitude, and the supposed greater danger engendered from filth, have absolutely no foundation whatever on a scientific basis.

As to yellow fever, an epidemic disease only in the warm season, there is no evidence to show that filth or so-called unsanitary conditions have any relation whatever to its origin and spread.

"To prove the filth and fecal origin of yellow fever, the sanitarians call our attention to the exploits of General Butler in New Orleans who, they loudly declare,

' stamped out ' yellow fever in that city in 1862 by removing the filth. To those who listen merely to the assertions of the sanitarians and of the General himself, who has told exactly how he did it, it appears that, either by revelation or intuition, he actually possessed some sanitary prevision not vouchsafed to the rest of mankind. Dr. Chaille says he will not contest the General's claims as a warrior, a democrat, a republican, and again, a democratic statesman; but he protests against the validity of his fame as a great sanitarian. Dr. Chaille says that in 1861, when General Lovell was in command in New Orleans, many of the civil and military inhabitants were unacclimated; yet no death occurred from yellow fever, and, as far as is known, there was no case of the disease in the city during that year. Dr. Chaille cannot understand why General Butler should be honored by men of science as an eminent sanitarian, while the better sanitary results of General Lovell are ignored altogether. The fact is that in both years there was no opportunity for the disease to arise from imported cases. But there have been many other years when New Orleans has been nearly as exempt as in 1861-62."

"Is it logical to assume that the fecal matter in New Orleans caused only one death from yellow fever in 1877, and suddenly become so active that the next year it caused four thousand deaths, or that in 1851, it caused seventeen deaths, and two years later became so operative as to destroy seven thousand eight hundred and forty-nine people?"

"Dr. Hargis, of Pensacola, said that the idea that the fever was caused by filth on land was a delusion. Dr. Cochran, in a special report on yellow fever in Grenada, Miss., in 1878, says that the town was in a good sanitary condition. He lays down the proposition that it was caused by a specific poison; that this poison is not in any way the product of ordinary filth, and has no necessary association with filth as such."

Any amount of evidence, all of the same tenor, showing that filth has no connection with yellow fever, might be adduced. It is now universally conceded that yellow fever is an exotic disease of an infectious nature, and has

to be introduced to be an epidemic in this country; and it would be about as logical to assume that the spread of measles was dependent on filth as that yellow fever is.

We know nothing about its pathogenic germ, if it has any, and whether or not it is destroyed by the nitrifying bacteria of decomposition like other pathogenic microbes. As yet, our knowledge of the etiology of this disease is too indefinite to justify the wild assumption of the sanitarians in attributing it to filth. We know that the infection is portable and has to be, as it can be introduced to cause the fever; and, so far, there appears to be no sanitary prophylaxis outside of exclusion.

In conclusion it may not be amiss to say that because I deem it due to truth and the scientific advancement of medicine to point out the fallacious teachings of hygienists and sanitarians, it is not to be inferred that fifth is to be preferred to cleanliness; or that as physicians we are not to encourage all the means necessary to keep our houses well swept and garnished. A sense of decency and self respect can never fail to make us strive with the mass of the community in the advancement of decorum and the refinements of life. But we should protest against the use of these false teachings as both unscientific and harmful, whose only effect is to uselessly excite and alarm the public mind. It is urged by the sanitarians that to insure the carrying out of their proposed sanitary measures it is necessary to frighten the people. This is no justification at all, for the simple reason that they have failed so far to demonstrate the necessity of any sanitary measures in the promotion of cleanliness as a preservation of health or in averting epidemic diseases. The sanitarians offer no experimental evidence of the truth of their assertions, but having come across a case of sickness they at once set out to hunt up a cause for it, and finding something a little unusual or, perhaps, offensive in the locality or environments, they at once exclaim: "Eureka!" and thus exalt humbug at the expense of science and truth.

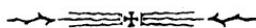
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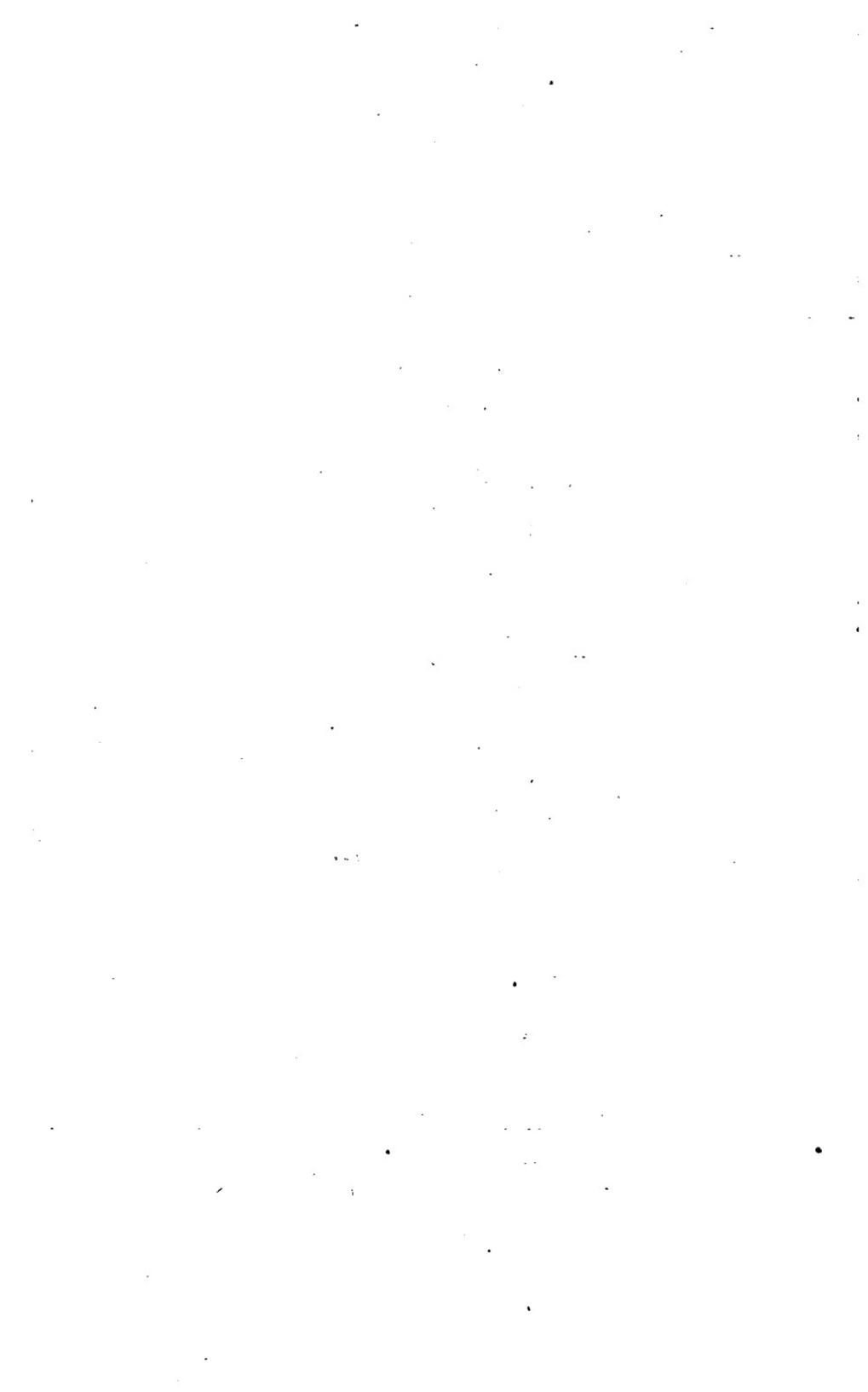
## PROCEEDINGS

OF THE

# FLORIDA MEDICAL ASSOCIATION.



SESSION OF 1896.



# PROCEEDINGS

OF THE

# Twenty-Third Session

OF THE

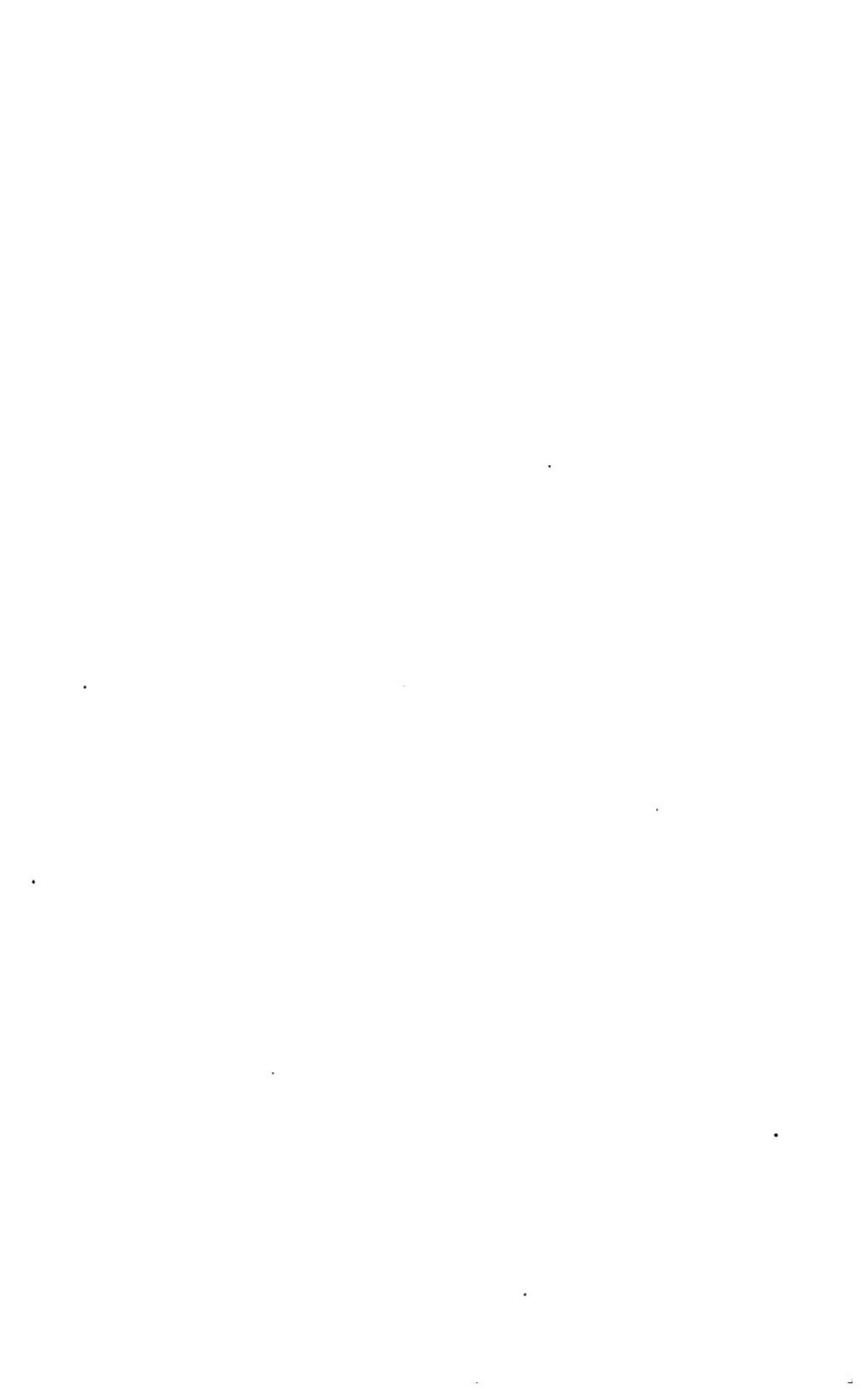
# FLORIDA MEDICAL ASSOCIATION

HELD AT SANFORD, FLA.,

APRIL, 1896.

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DA COSTA PRINTING AND PUBLISHING CO.,  
JACKSONVILLE, FLA.  
1896.



## Florida Medical Association.

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SANFORD, FLA., April 7th, 1896.

The Florida Medical Association assembled at Sanford, Florida, at 3 p. m. Tuesday, April 7th, 1896, in Twenty-Third Annual Convention.

Dr. Frank H. Caldwell, chairman of the Committee on Arrangements, called the meeting to order, requesting Rev. F. D. Hunt to open the proceedings with prayer.

In apologizing for the non-appearance of Hon. Forrest Lake, mayor of Sanford, whose name appeared on the printed program as the city's representative in its tender of welcome, Dr. Caldwell said:

You will notice on the program before you, it is announced that the address of welcome will come from Hon. Forrest Lake, mayor of Sanford. I regret very much to say that urgent business has called our mayor to Miami and he is therefore unavoidably absent. Col. Appleyard has kindly consented to take his place, as chairman of the board of aldermen, and while we have lost something in quantity, I assure you that the quality of the address will be all that you may desire. I now take pleasure in introducing Col. T. J. Appleyard.

Col. Appleyard said :

*Mr. President and Gentlemen of the Florida Medical Association:*

In behalf of his honor, the mayor, the admirable gentleman who presides over the government of this city,

and in the name of the city of Sanford, I extend you a cordial welcome to our midst. In the language of the immortal Shakespeare, "Sirs, you are very welcome to our house; it must appear in other ways than words; therefore I scant this breathing courtesy."

Permit me to say that it is exceedingly appropriate that you should assemble here, where is located hospital No. 1 of the famous Plant System, and where you will doubtless have demonstrations made that will be of decided interest to some of you and likewise somewhat instructive to others.

We may not be able to show you immense cigar factories, though we have two of fair size, new bridges or mammoth hotels, as some of the other cities that you visit in Florida, but we can show the finest locations for all these things that there is in Florida, together with as hospitable a people as our fair Commonwealth contains.

We greet you as a body bonded together not to advance your own personal interests, nor those of any set of men, but one whose only aim is the cause of humanity, and to alleviate pain and suffering. It is said, and truthfully, of your profession, that "No braver men are ever born than these men who stand unflinchingly at the post of duty when every breeze is some times freighted with the seeds of death, that are shaken from its silent wings, like the dew of night, into the faces of the unconscious sleepers. If there are true heroes, deserving of the amaranthine wreath, whose names should be carved in everlasting granite, and whose memories embalmed in deathless song, they are those who risk their lives for their fellow-man. They are the true philanthropists, the gracious, benefactors of humanity. Shame on the wretch who withholds his praise or purse from such as these."

We sincerely trust that your meeting will be memorably useful and delightful. And when you leave us, it must not be with the thought that our greeting, cordial as we assure you it is, is special to this occasion, but that you will always be welcome. We should like you to feel

at all times that whenever your foot strikes our soil you are among friends, and that within our gates you are always at home.

And so, in conclusion, let me say, with the Bard of Avon:

"A hundred thousand welcomes :  
I could weep, and I could laugh :  
I am light and heavy; welcome!  
A curse begin at the very root of his heart  
That is not glad to see thee."

Dr. Caldwell then stated that after hearing the words of welcome from a member of the municipality—Col. Appleyard—who had just spoken, that the citizens desired to have their satisfaction at the presence of the Association voiced, and their welcome also extended, and had selected Judge J. F. Welborn to represent them. Judge Welborn discharged his duty, and added to the hearty greeting already expressed to the city's guests, in the following happy manner:

*Mr. President and Gentlemen of the Florida Medical Association, Ladies and Gentlemen :*

All the good people of Sanford, men and ladies, could not be here today, Mr. President, to greet you, therefore they delegate us to come and say how glad they are that you have come among us.

It has been the custom as long as history records that when a distinguished body of men or women assembled in any town that meetings and speeches followed and mutual rejoicings, congratulations and welcomes are usual. It is a pretty custom; the only danger is that effusiveness may sometimes take the place of sincerity. Believe me, we are sincere in our greetings. Sanford rejoices in having the honor of entertaining the Medical Association of the State of Florida. We have entertained on previous occasions distinguished bodies of men and

women, but never has it been our duty or pleasure to entertain a body of gentlemen more distinguished in character or with higher objects or fraught with greater interests to the State of Florida than the guests assembled here.

Why did you come to Sanford? Of course, the primary object of your meetings is well known, but why did you select Sanford as the place for such meeting. Modesty on the part of our people forbids that we should think that our reputation for hospitality should reach so far that you naturally turned to our town, and in looking around for a reason why you came to Sanford, I ask, did you desire to honor one of our number? to come the home of a young physician who is a credit to us and to you, who has established a name in the profession, and won recognition in the sanitary and hospital service. If you came in honor to him, then, indeed, you honor us. (Applause.) Sanford, you must remember, is but an infant. We are but a few, and brief years in age; we are scarcely of age, legally speaking. Why, it is only a brief time since the street that you passed over on your way here from the hotel was nothing but mud-holes. Where those peaceful little cottages now stand there was absolutely nothing but pine stumps; where you now hear music from a church choir but a short time ago you heard the howl of the wolf. It is true, without exaggeration, that where those handsome little churches now stand, with spires pointing heavenward, but a brief time back the place was occupied by great pine trees, waving their tall tops to and fro and sighing with every breeze in praise of the Great Eternal. These are facts, friends; hence if you do not find—as you might anticipate—a beautiful city, a populous city, you do find a most hospitable and as intelligent a people as there is in the State of Florida. We do not use latch strings, but, in the name of the good people of Sanford, I say that the door is ajar, and will stay unlatched while you remain in town; and if you will use the "X rays" of intelligent brotherly love you will read in the hearts of every man and woman of our city, in letters of glowing

and living light, the words "Welcome," "Welcome." Welcome, nay, you are more than welcome. (Applause.)

The President of the Association, Dr. C. B. Sweeting, of Key West, fittingly responded. He said:

To the Mayor of Sanford, Colonel Appleyard, and Judge Welborn, it gives me great pleasure to reply to your words of welcome, as President and in behalf of the members of this Association.

I am sure that the Florida Medical Association fully appreciates your kind offers of hospitality, knowing full well that they emanate from the depths of your hearts. I hope that our short sojourn in your pleasant and prosperous city will be one of mutual pleasure, and that the recollection of this visit will always remain green in our thoughts.

We greet the ladies who have so kindly graced this meeting with their presence, and anticipate that this occasion will be a break in the monotony of their household duties, and that they will find enough pleasure to repay them for attending a meeting of the doctors. (Applause.)

The President then delivered his annual address, which, treating, as it did, on subjects of the most vital interest to the Association, was listened to with marked attention, and at its conclusion referred to a committee composed of Drs. Hughlett, Stringer and Izlar. (See Appendix No. 1).

The roll was then called by the Secretary, and the following gentlemen responded:

Anderson, T. S. . . . . Carrabelle  
Altree, G. H. . . . . Port Tampa  
Caldwell, F. H. . . . . Sanford

|                     |              |
|---------------------|--------------|
| Cloud, J. N. D.     | Newnansville |
| Cyrus, W. H.        | Palatka      |
| DuBois, H. K.       | Port Orange  |
| Henderson, C. T.    | Lakeland     |
| Hodges, J. Harrison | Gainesville  |
| Izlar, R. P.        | Ocala        |
| Jackson, Jr., J. M. | Bronson      |
| Julian, B. F.       | Archer       |
| Maxwell, G. Troupe  | Jacksonville |
| Rush, W. B.         | Oakland      |
| Stringer, S.        | Brooksville  |
| Sweeting, C. B.     | Key West     |
| Stein, A. M.        | Palatka      |
| Wright, O. S.       | Plant City   |
| Fernandez, J. D.    | Jacksonville |

The President then appointed Drs. G. H. Altree, W. H. Cyrus and H. K. DuBois, as a Committee on Credentials, with authority to canvass the applications of new members, and recommend their acceptance or rejection.

The Secretary submitted his report, as follows (see Appendix No. 2), which was listened to with marked attention, and referred to Drs. Jackson, Stein and Izlar for consideration and recommendation.

The Treasurer presented his financial exhibit of the transactions of his office for the year (see Appendix No. 3).

On motion of Dr. Izlar, the President instructed Drs. W. L. Hughlett, R. P. Izlar and S. Stringer to examine as usual at each annual session the statements and books of the Treasurer, and report thereon.

The next order of business being Report of Librarian, the Secretary stated that Dr. Douglas was absent, and no exhibit had been submitted.

Dr. F. H. Caldwell, on behalf of the Committee on Arrangements, stated that he had nothing special to report, other than to say that the Association would be addressed by Dr. George Troupe Maxwell, of Jacksonville, the orator for the present session, on the subject of Hygiene in Florida, at eight o'clock this evening, and that the general public was cordially invited to be present. He further said that it had unfortunately happened that sickness among the families of the physicians of Sanford, and illness in his own household had prevented the local profession from entertaining the Association as they had contemplated, but that the citizens desired to meet the gentlemen of the Association and would tender them a reception tomorrow, Wednesday evening, at the Sanford House. That Wednesday afternoon, Dr. N. DeV. Howard would, by invitation, give a clinic at the Plant System Hospital No. 1, and that a train would leave the station at 2:30 sharp to convey the members to the Hospital. He also said that the lady guests—the wives and daughters of the members, and their friends—would find carriages at the Sanford House tomorrow afternoon to take them about the city. He hoped they would enjoy the drive and that they would accept and wear the badges provided for all connected with the Association.

On motion of Dr. Caldwell a committee, composed of Drs. J. H. Hodges, H. K. DuBois and J. M. Jackson, Jr., was appointed to draft suitable resolutions on the death of Mrs. Sollace Mitchell, the wife of a prominent member of the Association, who had died Monday. At the sug-

gestion of Dr. Islar the name of Dr. Caldwell was added to the committee.

The Committee on Credentials reported on the following gentlemen, and recommended their admission :

|                               |               |
|-------------------------------|---------------|
| Dr. Robert A. Cloud . . . . . | High Springs, |
| Dr. W. L. Hughlett . . . . .  | Cocoa,        |
| Dr. J. E. Hanna . . . . .     | Jasper,       |
| Dr. E. E. Jenkins . . . . .   | Palatka,      |
| Dr. T. N. Lewis . . . . .     | Kissimmee,    |
| Dr. T. P. Petty, . . . . .    | Sanford,      |
| Dr. J. D. Roberts . . . . .   | Dade City,    |
| Dr. Wm. C. Person . . . . .   | Orlando,      |
| Dr. F. A. Bize . . . . .      | Tampa,        |
| Dr. R. L. Bryans . . . . .    | Lake City,    |
| Dr. U. C. Bird . . . . .      | Tampa,        |
| Dr. N. DeV. Howard . . . . .  | Sanford,      |
| Dr. Jerome Bruce . . . . .    | Sanford,      |
| Dr. J. W. Gatton . . . . .    | San Antonio,  |
| Dr. M. J. Hicks . . . . .     | Kissimmee.    |

As, under the constitution, no action could be taken at the present session, Dr. J. M. Jackson, Jr. suggested the extension of the privileges of the floor to all who had been favorably reported upon, which was unanimously adopted.

The Committee on credentials also reported two delegates from subordinate societies, Dr. George Troupe Maxwell of the Duval County Medical Society, and Dr. R. P. Izlar of the Marion County Medical Society.

Dr. Maxwell sought permission to say a few words and stated that Dr. R. P. Daniel, of Jacksonville, had called at his office the night before, and with a great deal of feeling and regret had informed him that it would be impossible for him to leave the city to attend the meeting on account of professional duties ; that he had requested him so to say to the Association.

The president responded, saying that he was very sorry that Dr. Daniel was absent, that he would be very greatly missed, and he knew that the Association and all who knew Dr. Daniel thought as he did.

On motion of Dr. Izlar, Dr. Maxwell was instructed to convey to Dr. Daniel the regrets of the Association at his enforced absence.

The secretary stated that the Committee on Ethics had submitted no report, that Dr. Lancaster had all the papers, and that he was absent. Dr. Caldwell, a member of the committee, said he had just had a telegram from Dr. Lancaster saying that he would reach Sanford to-morrow, and he therefore begged that the committee be accorded further time in which to report, which was granted.

The secretary stated that the Publication Committee had submitted no report, that Dr. Daniel was the chairman, and that all the papers were in his keeping. He thought, however, that before the Association adjourned they would probably be received.

The secretary then read the following report from the Marion County Medical Society :

*To the Florida Medical Association :*

GENTLEMEN :—The Marion County Medical Society begs leave to make the following report. Our membership is sixteen active and three honorary. We have suspended during the year for non-payment of dues, one W. M. Ellis, M. D. Expelled one, O. E. Worcester, M. D., conduct unbecoming a medical practitioner. Resigned one, Victor LaFosse, M. D. Honorably discharged one, G. G. Mathews, M. D.

We meet every other month. Our meetings are well

attended, and harmony and good feeling prevail among our members.

We endorse the act passed by the last House of Representatives, but which failed to come up in the Senate, in reference to a new medical law for the State, as we deem the old one defective in many ways.

We believe that a Department of Public Health is necessary to the welfare of our country, and endorse the bill now pending in the U. S. Senate. We think it beneath the dignity of the profession to allow Life Insurance Companies to dictate the fee for medical examination, and voice our sentiments in the following resolution, which was passed by our society.

"Life Insurance Examinations. WHEREAS, the various life insurance companies throughout the United States have reduced the fee for medical examinations from \$5.00 to \$3.00

*Resolved*, That the members of the Marion County Medical Society refuse to make such examinations for less than \$5.00;

*Resolved*, That this preamble and resolutions be spread upon the minutes of the society, and published in the Medical Press of the United States."

All of which is respectfully submitted.

R. P. IZLAR, M. D.,  
Secretary.

W. V. NEWSOM, M. D.,  
President.

Dr. J. W. Gatton, of San Antonio, desired to represent the Pasco County Medical Society, and made the following verbal statement of the transactions of their organization:

I would say that the Pasco Medical Society did not succeed in getting a full meeting at the time we should have prepared a report, but as I am president and am here, I would like to make an informal report. We had a report in the proceedings of last year, made by Dr. Wil-

liams, who is the only one of our society who is a member of the State Association. We have seven members and we hold meetings monthly. Our usual time of meeting is the first Monday in the month; the first Monday in March is therefore our next meeting. I have no longer report as we did not succeed in holding our last meeting only a few being present.

There being no further reports from local or county medical societies the Secretary stated that the next order of business was the consideration of like reports from the several district medical examining boards but that no written statements regarding the same had been tendered him. At the suggestion that they be called for by districts they were thus taken up, but the only response was from Dr. Sweeting of the Sixth District who stated that his board had not yet held its annual examinations, the same being set for the coming Monday at Tampa; and Dr. DuBois of the Seventh District Board who said his board was about to reorganize there having been a change in its personnel. Other than this nothing was elicited respecting the medical examining organizations of the seven judicial districts.

Dr. J. M. Jackson, Jr., as a member of the committee charged with the escort of Dr. Wall's remains from Gainesville to Tampa at the sad close of the 1895 session, made the following statement:

I was sitting here with some of the members of the committee, who, if you remember, were appointed at our last meeting to accompany Dr. Wall's body to Tampa, and it seemed proper that some statement or report of what we did should be made. We had his remains prepared for transportation at once, as you know, and carried them to Tampa. On reaching there that night we were met by members of his family and his friends who took the body in charge. Your committee remained there and the day

following drafted suitable resolutions and had them engrossed and presented to Mrs. Wall as we thought something of the kind should be given her then. You yourself, Mr. President, were one of the committee and went with us and presented the resolutions. We debated whether we should remain until after the funeral and it was the general opinion that we had better remain. So that afternoon—Friday, I believe it was—we sent to the undertaker a wreath of flowers as coming from the Florida Medical Association. The next morning, about the funeral hour, we repaired to the residence and thence as a body representing the Florida Medical Association we attended the funeral. Returning to the hotel, we dispersed, some of us leaving that afternoon and others the next day. That ends our report.

The Secretary stated that he had received some resolutions from the committee which had been appointed at Gainesville, that he had handed these resolutions to Dr. Daniel, with, he thought, a letter from Dr. Jackson. That a few days since in getting up data for his report as Secretary he had asked Dr. Daniel if he would kindly bring the papers in question to the meeting and he had answered that he would hand them to him as he (Dr. Daniel) was afraid he wouldn't be able to get to the Convention. Unfortunately the matter has since been overlooked, but possibly Dr. Daniel might yet think to send them.

The President, at this juncture, appointed Drs. J. M. Jackson, Jr., Sheldon Stringer and H. K. DuBois a committee on Necrology.

Dr. Caldwell sought information as to the fees and dues of the Association, and Dr. Fernandez, now and for many years Secretary and Treasurer, was asked to reply, as he was more familiar with the changes that had been

made from time to time in the Constitution and By-Laws. He said :

If the Society will go back for several years they will remember that several times we made an effort to reduce the fee to \$3, but the members objected and voted it down. Three years ago it finally prevailed. I felt that \$3 was sufficient to tax each member to carry on the workings of the Society. I myself introduced the resolution and got a two-thirds vote on it to change the section bearing on that point, changing the word from "five" to "three" for the annual dues, thus leaving the initiation fee just as it was, \$5. The misunderstanding that has prevailed and now seems to trouble my friend Caldwell is largely my fault. I should have said at the election of the new members in '93, "Gentlemen, you misconstrue that section. The initiation fee is \$5 and the dues \$3." They took it for granted that both had been altered by my amendment. I was derelict in my duty in not calling the committee's attention to it earlier, but in '95—last year—prior to the committee's going out to canvass the names of the applicants for membership, I went to the Chairman and said, "I have failed to do my duty two years in this matter in not insisting upon \$5 with each application." He answered that most of the applications were accompanied by a \$3 initiation fee, that many of the applicants were not present, but had sent in their applications and money—\$3 as they understood—and now if we insisted upon its being \$5 we would have no end of trouble. Very well, I said, all I can do is to say to the gentlemen that I have spoken to you about it and thus relieve myself of the responsibility. When the committee had reported on the names for application to membership, which they had before them, he asked for an expression of opinion in regard to the misunderstanding about the fee and the action of the committee and myself was approved of, meaning that the \$3 fee would be accepted for that year, that the dues would remain the same, but the initiation fee of \$3, owing to the circumstances I have

explained, would be accepted with the applications then presented.

Now, if the Association sees fit to amend that section and make the initiation fee the same as the dues, \$3, all right. I myself do not deem it advisable. All societies have a different initiation fee from their regular dues; it is usual and customary, and I really think, gentlemen, that where a man enjoys all the privileges and honor of a connection with this Association he can afford to pay for it.

Dr. Izlar tendered the report of the Legislative Committee, appointed at the Gainesville session, which was read by the Secretary, received and committee continued. (See Appendix No. 4.)

Dr. Izlar stated that during the efforts of the committee to have the bill proposed by them passed by the legislature, Dr. J. Harris Pierpont visited Tallahassee with this object, incurring thereby some slight personal expense and he moved that the Association tender Dr. Pierpont the sum of \$5 (the expenditure involved), in re-imbursement. The Association so ordered.

The minutes as printed in the proceedings of the session of 1895 were ordered approved as printed.

The Association then adjourned until 8 o'clock p. m., when, according to the program, the oration would be the order of business.

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TUESDAY, April 7, 1896.

NIGHT SESSION.

The Association reassembled at 8 o'clock as per adjournment, and Dr. Caldwell introduced the orator for the occasion, Dr. George Troupe Maxwell, of Jacksonville.

The Association and citizens of Sanford, ladies and gentlemen, were then thoroughly entertained by a paper entitled "Hygiene in Florida," which Dr. Maxwell had prepared for the occasion, and which was received with marked attention. At its conclusion Dr. Caldwell extended the thanks of the Association for the high and profitable character of the doctor's address, and moved its reference to the Publication Committee, which was unanimously adopted. (See Appendix No. 5).

The Association then proceeded with the regular order of business, the Committee on Treasurer's Accounts rendering the following report:

Your committee appointed to examine the books and statement of the Treasurer take pleasure in reporting the same, as far as shown, to be correct and well kept.

Respectfully submitted,

R. P. IZLAR,  
W. L. HUGHLETT,  
S. STRINGER.

On motion of Dr. Caldwell, the election of officers was made the special order of business for 10 a. m. Wednesday.

The following report was then submitted by the committee instructed to prepare suitable resolutions on the bereavement in Dr. Sollace Mitchell's family:

WHEREAS, It has pleased the Divine Ruler to take the earthly companion and wife of our esteemed friend and co-laborer, Dr. Sollace Mitchell, of Jacksonville; therefore be it

*Resolved*, By the Florida Medical Association, now in session assembled at Sanford,

First, that we, as an Association, extend to our friend and brother our deepest sympathy in this his saddest hour of affliction.

Second, That a copy of this be spread upon our minutes, and the Secretary be requested to send a copy to Dr. Mitchell.

JAS. M. JACKSON, JR.,  
J. HARRISON HODGES,  
HENRY K. DUBOIS,  
FRANK H. CALDWELL.

The Society then took up the reading of papers, the first being a report of a case of Ligature of the Sub-Clavian Artery, by Dr. J. Harrison Hodges, of Gainesville. It was attentively listened to, discussed, and referred to the Publication Committee. (See Appendix No. 6).

The next paper on the program being "Diseases of Joints," by Dr. J. N. D. Cloud, of Newnansville, and the doctor not having his paper with him, not anticipating the Association's proceeding with this order of business at the present session, it was deferred until the morning session, and, on motion, the meeting adjourned until 9 a. m. Wednesday.

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SANFORD, FLA., April 8, 1896.

MORNING SESSION.

In accordance with the adjournment of Tuesday evening, the Association convened Wednesday morning, April 8, 1896, at 9 a. m.

The minutes of the two sessions of Tuesday were read and approved.

The Secretary read the following letter from Dr. Daniel, which was ordered placed in the record, as it related to several matters before the Association:

JACKSONVILLE, FLA., April 6, 1896.

*Dr. J. D. Fernandez, Secretary Florida Medical Association:*

MY DEAR DOCTOR—It is with most sincere regret that I find myself at the last moment unable to attend the annual session of our State Association for this year. Professional obligations and responsibilities which cannot be put aside have arisen at the last moment. I have seen Dr. Maxwell and asked him to explain my absence.

I am a member of three committees which should report—Special Committee to Memorialize the Legislature, and Committee to Prepare Resolutions on the Death of Dr. Wall, but not chairman of either. As chairman of the of the Publication Committee there is nothing to report, except that work was done as soon as practicable, considering the delay in getting the proceedings from you, and done by Vance Printing Company, of Jacksonville, at a cost of \$132.00, this being lowest bid made.

Wishing you a most successful reunion, and with renewed regrets that I am unable to be with you all, I am

Yours fraternally,

R. P. DANIEL.

I hope the next meeting will be at Tallahassee, and after that Jacksonville all the time.

The Secretary stated that he had a very lengthy communication from Dr. R. A. Lancaster, addressed to the Committee on Ethics, which he desired to give to Dr. Caldwell, the only member of the committee present. It was so ordered.

Dr. Jackson, on behalf of the committee appointed on President's address and Secretary's report, submitted the following:

Your Committee on President's Address and Secretary's Report beg leave to report as follows:

We endorse the plan of organization of the medical profession of the United States as promulgated by the Michigan State Medical Society.

We would further suggest that this Society adopt this plan *seriatim* at this meeting.

In reference to fees for medical examination for life insurance companies we suggest that this Association adopt the following resolutions:

WHEREAS, The New York Life Insurance Company and the Equitable Life Assurance Society have recently adopted a graded scale of fees for medical examinations, the practical effect of which will be a reduction of the Medical Examiner's income from these sources by about forty per cent.: and

WHEREAS, These companies, claiming to be amongst the largest and strongest in the world, and have hitherto, in common with all other first class "old line" life insurance companies, paid a uniform fee of \$5.00 for medical examinations, insisting that the same care be used in examining applicants for small as for large policies: and

WHEREAS, Under the proposed schedule no reduction is made in the amount of work performed, or in the degree of responsibility exacted; therefore be it

*Resolved*, That we, as physicians, recognize that all life insurance is based on mortality tables and on the probable life expectancy of the assured, in arriving at which the Medical Examiner is the most important factor, and that in the past he has been the most valuable as well as the most essential feature in the establishment of life insurance companies.

*Resolved*, That we cannot recognize, as a principle governing our remuneration for exactly similar services, the amount of premium paid by the applicant, or the profit received by the company from any individual risk.

*Resolved*, That such methods, having no foundation in reason or justice, are contrary to all business prin-

ples, and must inevitably lead to a lower standard of examinations, with correspondingly disastrous results.

*Resolved*, That the Florida Medical Association protests against such methods that are unfair, irrational and indefensible, and, on behalf of its members, pledges them to absolutely decline to examine applicants for life insurance for any "old line" company, for any fee less than \$5.00 for each and every examination made.

*Resolved*, That copies of these resolutions be transmitted to every medical society in Florida, to all State medical societies, and to the American Medical Association, requesting that concerted action be taken in the premises.

In accordance with the President's Address we would urge all our members to use their influence in the future to have a competent medical man appointed as Superintendent of the State Insane Asylum.

Respectfully submitted,

JAS. M. JACKSON, JR.

R. P. IZLAR.

A. S. STEEN.

This report was received and formally adopted. Dr. Hodges then moved that that portion relating to the reduction of the examiner's fee from life insurance companies be printed and a copy sent to every member of the Association. This resolution precipitated protracted discussion, and was finally withdrawn, and the report of the committee, so far as it bore on this matter, was recommitted, to enable the committee to alter their recommendations in accordance with the views expressed in the discussion.

The Committee on Necrology stated that after due deliberation they had decided to ask for further time in which to get up suitable resolutions, preferring, if possible,

to incorporate in their report a biography of the deceased members. They were granted time limited only by the date at which the proceedings of this convention should go to press.

Dr. Lancaster, representing the Committee on Ethics, solicited further time in which to report, which was granted.

On motion of Dr. Caldwell, Dr. Sheldon Stringer was put on the Committee on Ethics as a substitute for Dr. Pierpont, who was not in attendance on this session of the Association.

The Association then proceeded to the election of new members, and the following gentlemen were duly elected and enrolled :

|                                |               |
|--------------------------------|---------------|
| Dr. Robert Cloud . . . . .     | Newnansville, |
| Dr. M. J. Hicks . . . . .      | Kissimmee,    |
| Dr. James D. Roberts . . . . . | Dade City,    |
| Dr. Wm. Scott Person . . . . . | Orlando,      |
| Dr. Francis A. Bize . . . . .  | Tampa,        |
| Dr. N. DeV. Howard . . . . .   | Sanford,      |
| Dr. J. D. Bruce . . . . .      | Sanford,      |
| Dr. J. W. Gatton . . . . .     | San Antonio,  |
| Dr. T. N. Lewis . . . . .      | Kissimmee,    |
| Dr. E. E. Jenkins . . . . .    | Palatka.      |
| Dr. R. L. Bryans . . . . .     | Lake City     |
| Dr. T. P. Petty . . . . .      | Sanford       |
| Dr. J. E. Hanna . . . . .      | Jasper        |
| Dr. W. L. Hughlett . . . . .   | Cocoa         |
| Dr. U. S. Bird . . . . .       | Tampa         |

It now being the hour set apart for the election of officers, nominations for president for the ensuing year were called for. There was but one name proposed, that of Dr. Henry K. DuBois, of Port Orange, who was selected as the associations' next president by acclamation. Drs.

Caldwell and Lancaster were appointed by the chair to escort him to the platform.

Dr. J. Harrison Hodges, of Gainesville, was suggested for the office of first vice-president, but Dr. Hodges begged to withdraw, and nominated Dr. W. H. Cyrus, of Palatka, who, on motion of Dr. Izlar was selected by the secretary casting the vote of the association. Dr. G. H. Altree, of Port Tampa, was unanimously chosen for second vice-president.

The selection of a place of meeting for the next convention of the association being next in order, Drs. Cyrus and Steen tendered cordial invitations on behalf of Palatka, while Dr. Maxwell, in his customary hearty and forcible manner tendered Jacksonville's invitation, not only for the next meeting, but as a place for a permanent home. Considerable discussion ensued, terminating in the choice of Palatka. The date was finally determined as the third Wednesday in April, 1897.

On motion of Dr. Jackson, the association accepted the kind offer of a reception by the citizens of Sanford at the Sanford House this evening, and the thanks of the association was duly returned.

On behalf of the Committee on President's Address and Secretary's Report, Dr. Jackson asked for action on their recommendation that the suggestion made by the Michigan Medical Society as to the formation or reorganization of the American Medical Association in accordance with the plan outlined in the communication from said society, be taken up and adopted by sections. After considerable discussion and the adoption of several sections a stumbling block was discovered in Section 4, of such an extent that it was only overcome by Dr. Izlar's

moving that this feature be eliminated from the report of the committee, and the Michigan Medical Society notified that no action had been taken, but that the matter was under advisement.

The regular order of the program was then resumed, and Dr. J. N. D. Cloud, of Newmansville, gave verbal expression to his paper "Diseases of Joints." It was received with marked attention, and the discussion that ensued was participated in by nearly every member present. On motion of Dr. Izlar it was referred to the Publication Committee. (Appendix No. 7).

A motion to hear Dr. DuBois' paper on "Mucous Colitis" then prevailed, and the society was so entertained. This paper, too, was discussed, and followed the usual course. (Appendix No. 8).

Dr. Lancaster submitted the report of the Committee on Ethics, given below, which was received and the suggestions therein contained adopted.

Your Committee on Ethics, to which has been referred the papers relative to charges against Dr. O. E. Worcester, beg leave to report that as Dr. Worcester has made affidavit of her inability to be present, on account of sickness, that her case be continued until the next meeting of the association. Charges of criminal libel having been brought against W. B. Rush, the committee respectfully reports that while the records of the County Court show that Dr. Rush has been convicted of criminal libel against a brother practitioner, it is recommended that the case be continued for the purpose of securing additional information for the use of the committee for the ensuing year.

Respectfully submitted,

R. A. LANCASTER,  
S. STRINGER,  
FRANK H. CALDWELL,  
Committee.

A paper by Dr. J. V. Harris entitled "Hygiene of Surgery" was read by title, and referred to the Publication Committee. (Appendix No. 9).

The association then adjourned to meet at the Plant System Hospital No. 1, at 2:30 P. M.

During the session Drs. R. A. Lancaster, of Gainesville, R. L. Harris, of Orlando, and O. S. Clyatt, of Judson, arrived.

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SANFORD, April 8th, 1896.

AFTERNOON SESSION.

At 2:30 the Association proceeded by special train to the Plant System Hospital where they were treated to a clinic on nervous diseases Dr. N. DeV. Howard. No business was conducted at the Hospital, the party returning to the Opera House where the following matters completed the afternoon session.

The Association proceeded to the reading of papers and Dr. R. B. Burroughs, under the Section on Gynæcology read a monograph entitled "Puerperal Eclampsia." At the close of the discussion it was referred to the Publication Committee. (Appendix No. 10).

Dr. Robert Cloud read a paper on Dysmenorrhœa, which was also handled in discussion and submitted to the Committee on Publication. (Appendix No. 11).

Dr. Lancaster then submitted what he had prepared on "Curetting of the Uterus" which was discussed and referred to the Publication Committee. (Appendix No. 12).

The President then announced the following com-

mittees for the ensuing year, and the Association adjourned until 8:30 a. m. Thursday.

Chairmen of Sections.

Medicine . . . . Dr. G. T. Maxwell . . Jacksonville  
Surgery . . . . Dr. G. E. Welch . . . . Palatka  
Gynæcology . . . . Dr. W. C. Person . . . . Orlando  
Diseases of Child'n . Dr. T. S. Anderson . . . Carrabelle  
Hygiene . . . . Dr. J. L. Horsey . . . Fernandina

Committee on Publication—Drs. R. H. Dean, F. D. Miller and J. H. Douglas all of Jacksonville.

Committee on Ethics—Dr. R. A. Lancaster, Gainesville; Dr. N. D. Phillips, Gainesville; Dr. J. M. Jackson, Bronson.

Committee on Arrangements—Dr. W. K. Cyrus, Palatka, with power to add.

Orator—Dr. U. S. Bird, Tampa.

Delegates to American Medical Association—Dr. J. B. Maloney, Key West; Dr. T. S. Anderson, Carrabelle; Dr. W. V. Newsom, Ocala; Dr. R. P. Izlar, Ocala; Dr. R. L. Harris, Orlando; Dr. J. H. Hodges, Gainesville; Dr. A. M. Steen, Palatka; Dr. W. L. Hughlett, Cocoa, Dr. U. S. Bird, Tampa; Dr. J. N. D. Cloud, Newnansville; Dr. J. Harris Pierpont, Pensacola; Dr. C. Drew, Jacksonville.

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SANFORD, FLORIDA, April 9th, 1896.

MORNING SESSION.

The Association assembled at 8:30 as per the adjournment of last session.

The minutes of the two sessions of Wednesday were read and approved.

Dr. Jackson, representing the committee having in charge the President's Address and Secretary's Report submitted the following:

In reference to fees for medical examinations for life insurance companies we recommend the following:

*Resolved*, That it is the sense of this Association, in convention assembled, that we most emphatically protest against the reduction of examination fees for life insurance as proposed by several insurance companies and that we insist that so long as said insurance companies require the high and necessary standard of examinations as have been in force we refuse (and so advise all physicians in Florida) to make such examinations for less than the usual heretofore fees that have been paid.

On the adoption of the foregoing it was moved and carried that the Secretary prepare a circular embracing the recommendations of the committee as set forth in their report, and send a copy of the same to every physician in Florida.

It was also ordered that the Secretary print so much of the President's address and the committee's report thereon as related to the Florida Insane Asylum and the superintendency thereof by a medical man and send a copy to every member of the profession in the State.

The Secretary sought information as to the will of the Association respecting the printing of the annual Catalogue of Florida Physicians, and it was declared the sense of the society that the same be issued yearly under the conditions attending its former compilation and distribution, until otherwise ordered.

The case of Dr. Manuel Fraga, of Key West, charged with a violation of the code of ethics, was then taken up, and on motion of Dr. Lancaster, Chairman of the Com-

mittee on Ethics, the recommendation of said committee that Dr. Fraga be expelled, was adopted.

Dr. Lancaster offered the following resolution :

*Resolved*, That we extend our sincere thanks to the profession and citizens of Sanford for the very elegant entertainment tendered the Association at the Sanford House last evening, and to the Plaut System and its Chief Surgeon, Dr. Frank H. Caldwell, for the many courtesies shown.

Carried.

On motion of Dr. Hughlett the thanks of the Association were also extended to Dr. N. DeV. Howard for his classical and scientific clinic of yesterday.

Dr. W. B. Rush, of Oakland, then read his paper, "Nephritic Calculus." It was duly placed in the hands of the Publication Committee. (Appendix No. 13.)

Dr. J. M. Jackson offered the following resolution, which was unanimously adopted :

*Resolved*, That this Association express its continued confidence in the State Board of Health and in our efficient State Health officer.

On motion, a paper contributed by Dr. J. D. Rush, of Apalachicola, was read by title—"A Case of Malignant Malarial Haematuria"—and referred to the Publication Committee. (Appendix No. 14.)

The same course was followed in the disposition of the paper of Dr. DeWitt Webb, of St. Augustine—"The Hygiene of Pure Water. (Appendix No. 15.)

The Secretary alluded to the World's Congress of Climatology, and a lengthy communication relating thereto received by him, and the Association assured him of its endorsement of any action he might take.

A paper entitled "Acetanilid in the Treatment of Children," by Dr. W. R. Chalker, of Lake City, was read by title and referred to the Publication Committee. (Appendix No. 16.)

The following communication was read from Dr. J. Y. Porter, Chairman of Section on Hygiene. On motion of Dr. Caldwell the communication was received and hope expressed that the Publication Committee could allow Dr. Porter sufficient time to submit his paper.

*To the President of the Florida Medical Association:*

In presenting to you papers contributed by the Association to the Section of Hygiene, of which I have the honor to be Chairman, by your partiality, I would crave at this time your indulgence in not having my own article ready for presentation and discussion. It has been my intention to offer some contributions to the mortality statistics of malarial diseases as occurring in the different sections of Florida, with thoughts thereon bearing upon possible cause and prevention. Personal sickness, together with a similar physical disturbance in my office force, has prevented the completion of such an article, in preparation, and therefore your kindly consideration is invoked that I may be permitted later on to offer the same to the Publication Committee for its consideration and disposition.

It is gratifying to note an increasing interest in the subject of personal and public hygiene, which yearly is being manifested by the citizens of the State, and perhaps no one can appreciate this more than the writer, whose efforts for the past ten years have been mainly and zealously directed to the bringing about of better health conditions for the people of Florida, and who has been in close touch with the public on these questions. To those who may be captious of results so far obtained, be they only partial, imperfect or ever so small, the suggestion is offered that much more can be hoped for in the future if

an earnest and honest effort is shown to direct public thought in a channel for healthful measures, and by assisting the indifferent to steer clear of shoals and rocks of impracticable measures or doubtful or personal theories.

The Florida Medical Association was the first to urge upon the law-makers of the State the great necessity for legislation in the interest of the public health, and by the persistent efforts of its members there has been engrafted into the organic law of the land a provision for the establishment and perpetuation of a principle which commands today the respect of all worthy and intelligent citizens of the State. The Medical profession of Florida can justly claim all the credit for stimulating public sentiment and directing individual thought in the direction of conservatism of public and individual hygiene. Its efforts in this direction have been patient and laborous, and although many times rebuffed by the legislature, in its persistent pleadings for the better protection of the people against many agencies which produce disease and threaten health, yet the Florida Medical Association so earnestly importuned its committees that finally it met with success in recognition of its just claims. Therefore it is but right and proper and eminently fitting that the Association should nurture the child of its creation, and as the parent of the Department of Hygiene and Sanitation in the State, direct its work, encourage its servants and give moral support to its efforts, exerted as it is solely in behalf of the people of Florida.

Very Respectfully,

JOSEPH Y. PORTER, M. D.,  
Chairman.

The Minutes of the session drawing to a close were read and approved, and the Association was declared adjourned.

Attest:

H. K. DuBois, *President.*

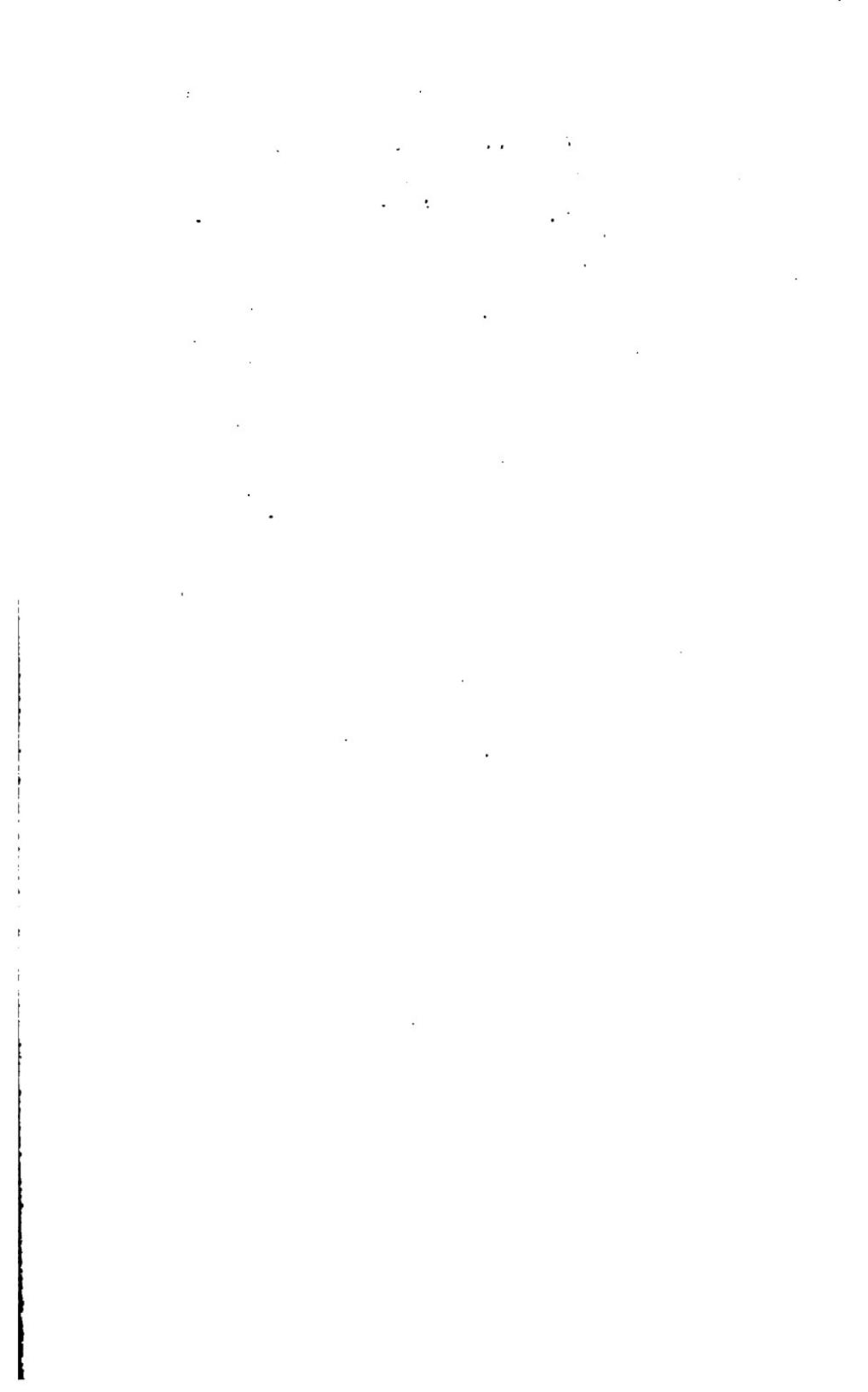
J. D. FERNANDEZ, *Secretary.*

**REPORT OF COMMITTEE ON PUBLICATION.**

The Publication Committee regrets that there has been such delay in getting out the proceedings for this year. But while the members of the Committee feel culpable to some extent for this, many circumstances beyond their control have largely influenced the result. The Secretary did not place the material at the disposal of the committee until about five months after the adjournment of the Association; and since the Committee was in possession of them, sickness and other drawbacks have occurred to cause further delay.

While the Committee doubts the advisability of publishing the oration delivered at the late meeting at Sanford, and while it is authorized, ordinarily, to throw out such papers as do not meet its approval as proper for publication, it nevertheless doubts its right to deal thus with this particular paper which had received the thanks, and virtually the endorsement of the Association.

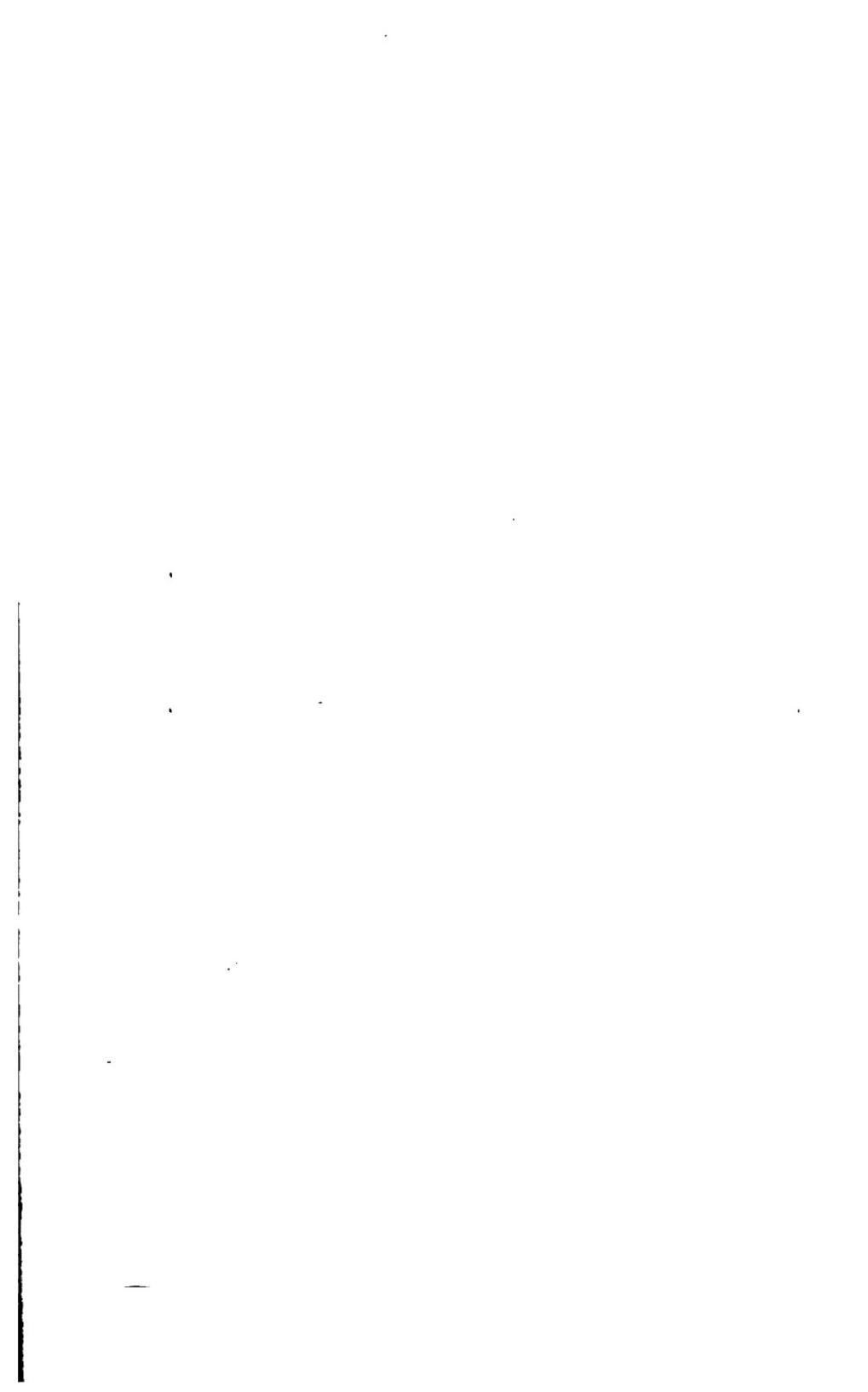
R. H. DEAN,  
F. D. MILLER.





## **APPENDIX.**





NO. 1.  
**PRESIDENT'S ADDRESS.**

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*Gentlemen of the Florida Medical Association:*

On this, the twenty-third year of your existence, allow me to offer you a very hearty welcome. Permit me to give thanks for the great honor which you have conferred on me, by your partiality in calling on me to preside over the deliberation of this honorable body, an honor far beyond my merits or deserts, and when I consider the large number of able, learned and progressive physicians who constitute its membership, I am all the more impressed with a sense of my unworthiness for the distinction conferred, and the responsibility imposed; but, coming as an expression of your choice and a manifestation of your confidence and esteem, I count it the greatest honor of my life, for which I desire to again offer the thanks of a grateful and sincere heart.

I must here refer to the sad and painful termination of our last meeting, in the sudden death of Bro. J. P. Wall of Tampa. His untimely death brought to an abrupt close a very pleasant and instructive meeting. Many of you are aware that I was intimately associated with Dr. Wall, as a member of the Medical Examining Board of the Sixth Judicial District, during all of which time our intercourse was pleasant and profitable to me. Although this Society has already expressed its feelings toward our deceased brother's professional life, by a set of resolutions drawn by the committee sent with the remains to Tampa, still I feel compelled to add a few words.

In the death of Dr. Wall the profession and the Florida Medical Association, of which he was one of its oldest members, have lost a most beloved and respected member, the city of Tampa a most zealous and active citizen, whose loss will be long felt, and his place hard to fill. He was always kind and a staunch supporter to the younger element of the Medical profession, to whom he would always give kindly advice by way of encouragement in their professional career. His constant and enthusiastic endeavors were to elevate the profession of Medicine to the highest possible standard from both an ethical and scientific standpoint. He belonged to the old school of chivalry; his helping hand was always extended to assist the destitute, and many a poor family will miss his encouraging smile and word of cheer in their affliction. In all his relations with us, his professional brethren, he was a gentleman, moved by the spirit of doing unto others as he would have them do unto himself. He detested anything that savored of the empiric.

As physicians and surgeons, however numerous, we do not constitute a body unless we have some prevailing spirit common to all. The profession may include its thousands and tens of thousands, but it is a crowd, a multitude, or shall I say a mob, unless there is in it an esprit de corps; thanks to our great seats of learning, our universities and colleges, we have developed this unity of spirit for many years. But our Medical societies, and especially our Medical Association, has done more since its existence to give real unifying life to its individual members than was possible or even expected to be possible by our forefathers. Now, this is all encouraging and very hopeful, but it entails, as it is bound to do, great responsibilities. That this body of men should be banded together under one common name, means that they have some common purpose and plan of co-operation to attain it. What that purpose is, we know, namely, to render our profession of the highest service, not only to the individual, but to the State, by taking our share and giving our advice in the making of our laws, so far as they af-

fect us, as members of our profession, by the regulation of our charities, the care of the pauper, the lunatic, the quasi-lunatic, and even the habitual drunkard, by the advance of scientific researches; by the promotion of useful and stable literature, and by the elevation of all that constitutes the education of the physician, surgeon, or guardian of the public health. These noble purposes can not be achieved, nor have any of these been carried to any useful extent without self-sacrifice, as well as the sacrifice of time, without a consideration of the views of others as well as an assertion of one's own, without a respectful regard to the feelings and position of our colleagues, as well as a due estimation of those which we may entertain, without patience, as well as work and an all prevailing sense of hope in the midst of trying times and in the darkest hours. One thing in addition, we should all most strenuously try to do, and that is to avoid waste of time. We may use it or sacrifice it freely, but we can not afford to throw away one moment, whether it be on personal ends, forlorn hopes, or foregone conclusions. It is in this spirit I am sure we begin this meeting today.

The advance of medicine in the last few years has been prodigious. In physiology, pathology and in medicine advances equally important to each have been made. It is not my intention to occupy your valuable time with any details on these matters, but let me recall for a moment your attention to the vast strides that have been made in the elucidation of both structure and function, such, for example, as the researches upon the thyroid, the adrenal bodies, the spleen and the liver; the advance of bacteriology, and the magnificent prospect before us of a new field of therapeutics in the serum treatment of disease. The facts now before us have certainly astonished the most expectant, have surpassed their imaginations, and opened up before them not one only, but many doors into the regions crowded to the full with yet more fruitful information, waiting only to be arranged and utilized.

If our professors and preceptors, who are no more, could pay us a visit they would certainly be bewildered and amazed if they found us feeding our patients on sweetbreads, or injecting thyroid extract for the cure of myxœdema.

I congratulate you on the prosperous condition of our Association; with such harmonious co-operation and good fellowship of its members, our advance must be an assured fact. I also congratulate you on the yearly increase in the number of interesting and instructive papers that are read at our annual gatherings.

We have reason to rejoice that our medical year just closing has been one of the healthiest in the history of this State. If the State has enjoyed in a marked manner immunity from epidemics and dangerous diseases peculiar to a tropical climate, with our proximity to and our continuous intercourse with Havana, it can be traced directly to the effective quarantine supervision of the officers of the State Board of Health. The State and our Medical Association should feel grateful to and proud of our State Board of Health and of our indefatigable and efficient State Health officer, Dr. J. Y. Porter, for the vigilant and intelligent supervision of the health matters of this State; and for all this, some would agitate for the abolition of this useful and indispensable organization and return to the old system of local and county health boards, which means panic and shot-gun quarantine on the mere rumor of a case of yellow fever.

I congratulate the Medical profession of this State on the removal of that iniquitous incubus, the license tax imposed on Medical practitioners. This, I am sure, was due to representations and actions taken by this Society for the repeal of the same.

There are a few subjects I would like to present to this Association for its consideration.

The New York Life Insurance Company and the Equitable Life Assurance Company, of New York, have

recently adopted a graded scale of fees for medical examinations, the practical effect of which will be a reduction of the medical examiner's income from these sources by almost 40 per cent. I would suggest that this Society take some action on this matter, and I hope that every member of this body who may be an examiner of these companies will decline to act for less than the original fee of \$5.00. Success can only be obtained by organized opposition, so that this movement now confined to two life insurance companies, may not be adopted by all the old line companies.

The position of Superintendent of the State Insane Asylum has been filled by a layman, as far as I can remember. Now, it strikes me, that this position should always be filled by a resident Medical man, one who has had experience in this work before. An insane man is a sick man, and as such requires treatment for his physical ills, as well as a moral surveillance. I think it would be well if this Association as a body should express itself on this subject, and make such representations to the Governor and his council that at the next election this important position may be filled by a Medical man.

The practice of midwifery by ignorant women is a subject that should be taken in hand by this Association and agitated until something is done by our legislature to obliterate from the Medical horizon this blot of superstition and ignorance. This subject has been brought before our Society on various occasions, and should be brought again and again until some definite action is taken on this momentous question.

The American Medical Association will meet in Atlanta in May. This near approach as to distance gives me good reason to expect that the representation will be large and that all our appointed delegates will make an effort to attend this session, for as far as I can learn it will be the session of sessions. The number of interesting and up-to-date papers will be numerous and replete with matter showing the vast strides that medicine and kin-

dred subjects have made within the last few years. I would advise those members of this Association who are not yet members of the American Medical Association to apply for membership at once. The dues are only five dollars (\$5.00) per annum, for which you also receive a copy of the Journal weekly, which is always filled with practical and instructive matter, equal, if not in advance, of other Medical journals.

During the year just past, we have been called upon to mourn the loss from our number of two of our brothers, Dr. J. P. Wall, of Tampa, and Dr. Pastor Burgos, of West Tampa. I trust that our Committee on Necrology in their report will give suitable expression to our sorrow in the death of these members.

In conclusion allow me to express the hope that this meeting will be attended by harmony and good feeling, and that each of us will go to our homes wiser and better men by our mutual expression of opinions.

C. R. SWEETING,  
President.

## NECROLOGY.

At a meeting of the *Florida Medical Association*, held at Gainesville on the 18th day of April, 1895, to take action on the untimely death of Doctor JOHN P. WALL, and a committee being appointed for that purpose the following preamble and resolutions were presented and adopted :

*Whereas*, it has pleased an All-wise Creator in His infinite wisdom to remove suddenly from our number our esteemed friend and eminent co-laborer, Dr. JOHN P. WALL,

*Whereas*, while we fail to see through His infinite wisdom, why He should have thus removed one so endeared to us, still as His humble servants we submissively bow to His divine will, knowing that He doeth all things well. Therefore be it

*Resolved, 1st*, That being removed from our Association in the manner he was, while reading a paper to which he had given much time and thought, and which no doubt will add much to medical literature, is especially painful to this Association. That we, recognizing in our esteemed friend an able, fearless medical man, one who has added much to the pleasures and benefits of this Association, and to medical literature in general concerning the peculiar diseases of Florida. As a physician he was able in his thoughts, accurate in his conclusions, and true to his convictions.

*Resolved, 2nd*, That this Association has lost one of its most zealous and eminent members, and his death has created a vacancy which will long be felt

by it and by the medical profession. His life as a physician was one worthy of emulation.

*Resolved, 3rd.* That we extend to his sorrowing family our sincere and heartfelt sympathy in this their darkest hour of affliction and trouble, and assure them that their loss and grief will also be ours, and that we commend them to the care of an All-wise Creator who alone can heal the broken hearted.

*Resolved, 4th.* That a copy of these resolutions be spread upon the minutes of the Association; a copy be conveyed to the family, and also that one be given to the press.

S. STRINGER, M. D.  
R. P. DANIEL, M. D.  
JAS. M. JACKSON, JR., M. D. } Committee.

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Dr. John P. Wall, the subject of the foregoing resolutions, was a native of Florida.

While his parents were fortified against hostile Indians in Hamilton County, which was on the frontier at that time, he first saw the light on the 17th day of September, 1836.

He was the second son of Perry G. Wall, one of the pioneers of Florida, who gave his sons all the educational advantages afforded by the condition of the country.

From the first, he was apt and bright, standing at the head of his classes.

At an early age his parents moved to Benton, now Hernando County, where he continued to pursue his studies with eminent success, under the tuition of excellent instructors.

When of eighteen years of age, he felt impelled to acquire a profession, and made the selection of Law, but in this he was opposed by his father, who thought the study of Medicine would be more congenial and profit-

able, and to this, as in all other questions, he yielded to his honored father, and graduated in the University of South Carolina, Medical Department, at Charleston, in 1858, and located in the city of Fernandina, Fla., where he pursued his professional practice until a short time before the commencement of the civil war, in 1861.

He entered service in the medical department of the Confederate Government and was commissioned October, 1861, as an Assistant Surgeon, and stationed at the Chimborazo Hospital, Richmond, where he had rare experience as a surgeon, which he realized as an opportunity of a life-time, and which he fully appreciated.

While stationed in Richmond he returned to his native State and married a beautiful young lady, Miss Presidentia Eubank, daughter of a wealthy planter in Hernando County, taking his bride to Richmond, where they resided until July, 1864, when he was ordered to Florida and assigned to duty with the fifth battalion of Florida troops, but was transferred shortly afterwards to Munnelly's battalion, with his headquarters at Brooksville—Dr. Wall's home.

He was justly promoted to the position of Surgeon, with the rank of Major, November, 1864, and remained in service at Brooksville until the cessation of hostilities when he resumed civil practice. In 1869 he moved to Tampa, a village of 1,500 inhabitants, where he pursued the practice of his profession with varied experience. During the epidemic of yellow fever, in 1871, his wife died of that disease. In 1872 he married Miss Matilda McKay, daughter of Capt. James McKay, a merchant of large exporting and importing experience at Tampa.

During the heated political contest of the reconstruction period Dr. Wall wielded no small degree of influence as associate editor of the *Sunland Tribune*, published at Tampa, for his productions on all occasions were sought with eagerness by his many admiring personal and political friends, but he did not neglect, at any time of that exciting period, his chosen profession.

His climatological and sanitary report of Florida, read before the American Medical Association, in 1874, stamped him as a man of an analytical mind and great research, for nature had endowed him with an intellect adapted to the study of literary pursuits and discernment of truth, for which no man had greater regard.

His many publications on medical topics, as well as the one he was reading before the Florida Medical Association when the "dread summons" came, have been sought and read with much interest and instruction.

During the succeeding years of his life, Tampa, with her rapid growth in population and wealth, and her proximity to and large commercial intercourse with the West Indies, gave him unexcelled opportunities, which he never failed to improve to investigate the diseases of the tropics, and to conduct his community through many epidemics of yellow fever; so that he became known as an expert in the treatment and management of this dreadful disease. As such he was called by the Surgeon-General of the Marine Hospital Service to aid in the management of yellow fever at Brunswick, Georgia, in 1892, and while there was summoned home to his wife, who died shortly after his return.

Dr. Wall manifested much interest in organizing and keeping the Florida Medical Association alive during the first years of its existence. Nor did he deny his political friends the benefit of his knowledge and experience during the "times that tried mens' souls," but consented to represent Hillsboro County in the constitutional convention in 1885, and took prominent part in the construction of Florida's present organic law.

His ambition and persevering industry in his profession brought to him success that few could hope to attain, yet, while he was not aggressive, he was cautious in his conclusions, although his professional earnestness was nearly a passion.

In 1893 he was married to Miss Louisa M. Williams,

daughter of Mr. Samuel Williams, of Petersburg, Va., who survives him. He leaves two sons — Jno. P. Wall, by his first wife, and Charles Wall, by his second wife.

He had been a member of the Episcopal Church for many years; and had lived consistently and with Christian probity.

In his death the profession has lost an able physician, society a companionable gentleman, and his family a devoted husband and loving father.

We can only commend to them the memory of his virtues and the light of his wisdom as a suitable heritage in their sad bereavement.

"But strew his ashes to the wind  
Whose sword or voice has served mankind;  
And is he dead, whose glorious mind  
Lifts them on high?  
To live in hearts we leave behind  
Is not to die."

SHELDON STRINGER.

**NO. 2.**  
**SECRETARY'S REPORT.**

JACKSONVILLE, April 7, 1896.

*To Florida Medical Association:*

GENTLEMEN — Your Committee on Legislation promptly placed in my hands the following memorial to the Legislature, which was then in session, and I at once had 200 copies printed, and mailed one to each member of the Legislature. (See Memorial). We were successful in having the obnoxious tax removed, and this Association owes a vote of thanks to the committee for acting so promptly in the matter.

The credentials to the delegates to the American Medical Association were issued at once, but so far have not had a report from any member; in fact, don't know if any attended.

I was unavoidably delayed in placing the proceedings of the session in the hands of the Publication Committee, due to the continued sickness of our stenographer, and it was not until September before I could distribute them. However, we were in advance of other Associations, who held their meetings at the same time; in fact, several of them did not get their proceedings out until January of 1896. I received five (500) hundred of our proceedings from the Publication Committee, and distributed the same to our members, and exchanged with twenty National and forty-five State Associations, besides sending several copies to public libraries, as they requested a copy of our proceedings.

I received the following communication from Dr. Reynold J. Kirkland, with the request that I bring it to your attention (see letter and circular—plan of organization of the profession of the United States), and would respectfully suggest that it be referred to a committee.

The Marion County Medical Society, at its meeting held at Ocala, Fla., December 9th, passed the following resolutions on life insurance examinations:

WHEREAS, Some life insurance companies throughout the United States have reduced the fee for medical examinations from \$5.00 to \$3.00.

*Resolved*, That the members of the Marion County Medical Society refuse to make such examinations for less than \$5.00.

*Resolved*, That this preamble and resolutions be spread upon the minutes of the Society and published in the medical press of the United States.

Also bearing upon this point I have received the following communication, with the request that it be placed before you: By the Sacramento Medical Society. (See paper regulating medical fees by life insurance companies). This is an important matter, and interests every member of this Association, and I trust it will be thoroughly discussed. No doubt many of the life insurance companies are feeling the effect of hard times. They find it necessary to economise, and have concluded to reduce medical examiner's fee. "There is not a Board of Directors of any life insurance company in the land that believes the medical examiner is overpaid. Nor is there a board that believes that it would be economy to employ an irresponsible examiner." "The directors do know, however, that if the old examiners will not submit to a reduction there will be no difficulty in getting good men to take their places. The medical profession should stand together in this matter, for a company that pays its President \$100,000 a year to reduce the medical examiner's fee in order to economise is simply an insult and indig-

nity to the medical profession." And, perhaps, the companies could do with less extravagant and costly buildings." All of the State Associations are taking this matter up, and it will be brought before the American Medical Association.

The forty-seventh annual announcement of the American Medical Association has been received. This year it meets in Atlanta, Georgia, commencing Tuesday, May 5th, at 10 a. m. As it is so near our doors we should have a full representation.

Charges of unprofessional conduct having been preferred against one of our members, I notified the member so charged in writing, as it became my duty, under the constitution, to appear before the Committee on Ethics—Drs. R. A. Lancaster, J. Harris Pierpont and Frank H. Caldwell—to defend the charges, and placed all of the papers in the hands of the chairman.

In February I notified the chairman of the various sections of the approaching meeting. Dr. R. A. Lancaster, of Gainesville, very kindly accepted the chairmanship of the Committee on Gynæcology, made vacant by the death of our lamented colleague, Dr. Jno. P. Wall. As soon as the committee could arrange for papers in their various sections, I issued the annual circular and distributed the same.

Tusting that my official acts will meet with your approval, I am truly yours,

J. D. FERNANDEZ,  
Secretary.

**NO. 8.**  
**TREASURER'S REPORT.**

DR.

To balance on hand, last report at Gainesville,

|                                                 |          |
|-------------------------------------------------|----------|
| April 18, 1895 . . . . .                        | \$578 55 |
| To annual dues, Dr. A. M. Steen, '94, '95 . . . | 6 00     |
| " " " W. H. Cyrus, '94 . . . .                  | 3 00     |
| " " " G. E. Welch, '94 . . . .                  | 3 00     |
| " " " M. T. Alexander, '95 . . . .              | 3 00     |
| " " " T. S. Anderson, '95 . . . .               | 3 00     |
| " " " W. L. Moore, '95 . . . .                  | 3 00     |
| " " " J. D. Rush, '95 . . . .                   | 3 00     |
| " " " W. E. Anderson, '93, '94 .                | 6 00     |
| " " " H. L. Simpson, '92 . . . .                | 5 00     |
| " " " C. B. McKinnon, '95 . . . .               | 3 00     |
| " " " J. H. Pierpont, '94, '95 . . . .          | 6 00     |
| " " " R. L. Harris, '94 . . . .                 | 3 00     |
| " " " R. T. Walker, '94 . . . .                 | 3 00     |
| " " " S. G. Worley, '95 . . . .                 | 3 00     |
| " " " H. Stites, '95 . . . .                    | 3 00     |
| " " " J. H. Hodges, '94 . . . .                 | 3 00     |
| " " " W. C. Johnston, '93, '94 .                | 6 00     |
| " " " D. P. Jones, '95 . . . .                  | 3 00     |
| " " " C. B. Sweeting, '95 . . . .               | 3 00     |
| " " " J. N. D. Cloud, '93, '94, '95             | 9 00     |
| " " " H. A. Williams, '93, '94 .                | 6 00     |
| " " " J. M. Samuel, '94 . . . .                 | 3 00     |
| " " " Orlando S. Clyatt, '95 . . . .            | 3 00     |
| " " " W. V. Newsom, '93, '94 .                  | 6 00     |
| " " " G. W. Strickland, '94, '95                | 6 00     |
| " " " E. Van Hood, '93, '94 . . . .             | 6 00     |
| " " " D. M. Echemendia, '95 . . . .             | 3 00     |
| " " " W. R. O'Veal, '93, '94 .                  | 6 00     |
| " " " B. F. Julian, '95 . . . .                 | 3 00     |
| " " " F. H. Caldwell, '95 . . . .               | 3 00     |
| " " " W. R. Chalker, '95 . . . .                | 3 00     |

|   |   |   |                                                            |                |
|---|---|---|------------------------------------------------------------|----------------|
| " | " | " | " W. R. Groover, '95 . . .                                 | 3 00           |
| " | " | " | " E. C. Attwood, '95 . . .                                 | 3 00           |
| " | " | " | " H. K. DuBois, '95 . . .                                  | 3 00           |
| " | " | " | " Wallace H. Smoke, '95 .                                  | 3 00           |
| " | " | " | " J. F. McKinstry, Jr., '95 .                              | 3 00           |
| " | " | " | " E. R. Weaver, '95 . . .                                  | 3 00           |
| " | " | " | " R. D. Murray, '92, \$5 00,<br>'93 \$3, '94 \$3, '95 \$3, | 14 00          |
| " | " | " | " H. Bacon, '94, '95 . . .                                 | 6 00           |
| " | " | " | " P. J. Stollenwerck, '94, '95                             | 6 00           |
| " | " | " | " C. Drew, '95 . . . .                                     | 3 00           |
| " | " | " | " G. Troupe Maxwell, '95 .                                 | 3 00           |
| " | " | " | " Neal Mitchell, '95 . . .                                 | 3 00           |
| " | " | " | " G. E. Hawes, '95 . . . .                                 | 3 00           |
| " | " | " | " G. W. Lancaster, '95 . .                                 | 3 00           |
| " | " | " | " C. R. Oglesby, '95 . . .                                 | 3 00           |
| " | " | " | " Jos. N. McLain, '95 . . .                                | 3 00           |
| " | " | " | " O. E. Worcester, '95 . .                                 | 3 00           |
| " | " | " | " E. T. Sabal, '95 . . . .                                 | 3 00           |
| " | " | " | " Sheldon Stringer, '95 . .                                | 3 00           |
| " | " | " | " M. Reichard, '95 . . . .                                 | 3 00           |
| " | " | " | " R. P. Daniel, '95 . . . .                                | 3 00           |
| " | " | " | " Joseph Y. Porter, '95 . .                                | 3 00           |
| " | " | " | " R. H. Dean, '95 . . . .                                  | 3 00           |
| " | " | " | " N. D. Phillips, '95 . . . .                              | 3 00           |
| " | " | " | " Olin S. Wright, '95 . . . .                              | 3 00           |
| " | " | " | " G. H. Symmes, '95 . . . .                                | 3 00           |
| " | " | " | " J. V. Harris, '95 . . . .                                | 3 00           |
| " | " | " | " A. S. Baldwin, '95 . . . .                               | 3 00           |
| " | " | " | " D. M. Smith, '94, '95 . .                                | 6 00           |
| " | " | " | " E. L. Stewart, '95 . . . .                               | 3 00           |
| " | " | " | " Sollace Mitchell, '95 . .                                | 3 00           |
| " | " | " | " R. P. Izlar, '95 . . . .                                 | 3 00           |
| " | " | " | " A. J. Wakefield, '95 . .                                 | 3 00           |
| " | " | " | " A. D. Williams, '94, '95 .                               | 6 00           |
| " | " | " | " J. H. Livingston, '95 . .                                | 3 00           |
|   |   |   |                                                            | \$834 55       |
|   |   |   |                                                            | 396 96         |
|   |   |   |                                                            | <hr/> \$437 59 |

## CR.

|                   |                                                         |          |
|-------------------|---------------------------------------------------------|----------|
| April 18, 1895.   | By Annual Salary Sec. 1894                              | \$100 00 |
|                   | " Expense Treas, attending<br>meeting at Gainesville,   | 8 25     |
|                   | " bill C. W. DaCosta—200                                |          |
|                   | circ'rs—Leg. State Com                                  | 1 75     |
|                   | " Stenographer 3 days . . .                             | 30 00    |
|                   | " Dr. J. M. Jackson, Jr., com.<br>Dr. Wall . . . . .    | 9 00     |
|                   | " Dr. J. M. Jackson, Jr., ho-<br>tel bill . . . . .     | 7 00     |
|                   | " A. M. Steen, com. Dr. Wall                            | 15 65    |
|                   | " S. Stringer, com. Dr. Wall                            | 14 05    |
|                   | " H.K.DuBois, com. Dr. Wall                             | 15 65    |
| July 24, 1895.    | " Vance Printing Co.—500<br>copies Licensed Phys.       | 34 00    |
|                   | " Vance Printing Co. An-<br>nual Proceedings . . .      | 132 00   |
|                   | " Stamps, wrappers & mail-<br>ing Proceedings . . .     | 12 30    |
| December 15, '95. | " Postage—Secretary. . .                                | 1 00     |
| February 7, 1896. | " " " . . .                                             | 1 00     |
| 21, 1896.         | " C. W. Da Costa, post. and<br>print. for com . . .     | 4 00     |
| 25, 1896.         | " Post. Treas. collect dues,<br>" C. W. D—250 An. Circ. | 3 56     |
|                   | " Print and envelopes Dis-<br>trict Circular . . . .    | 4 50     |
|                   |                                                         | 3 25     |
|                   |                                                         | <hr/>    |
|                   |                                                         | \$396 96 |

## RECAPITULATION.

|                                    |          |
|------------------------------------|----------|
| Balance on hand April, 1895, . . . | \$578 55 |
| Collections since . . . . .        | 256 00   |
| <hr/>                              |          |
| Making total . . . . .             | \$834 55 |
| Less Expenditures . . . . .        | 396 96   |
| <hr/>                              |          |
| Leaving balance on hand . . .      | \$437 59 |

J. D. FERNANDEZ, Treasurer.

**NO. 4.**

**REPORT OF LEGISLATIVE COMMITTEE, FLORIDA  
MEDICAL ASSOCIATION.**

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GENTLEMEN:—In submitting this the report of your Legislative Committee, we beg first to advise you, that after much diligence and effort on the part of the Committee, the bill framed and introduced in the last session of the Legislature, failed to become a law for various reasons, which will be enumerated later. None can regard more keenly its defeat than the members of the committee having this work in charge, for no stone had been left unturned that offered the remotest hope of assistance in the effort made to force the bill through to successful issue.

Those of you who were in attendance upon the last session of the Association held in Gainesville, remember that in the confusion incident to the sudden death of Dr. Wall, the President appointed the Legislative Committee and the Association empowered it with discretionary powers to act. It was our desire and purpose to submit to the Association for approval a bill, which after some modifications was chosen, to present to the Legislature; but the Association adjourned almost immediately out of respect to the death of our esteemed colleague, Dr. Wall, and the committee was thrown upon its own responsibility.

Leaving Gainesville that afternoon, our chairman hastened to Jacksonville, and through the kindness of Mr. Frank Matthews, procured two typewritten copies of the bill, which is as follows, with modifications by the legislature.

House Bill 207.]

A BILL

*To be entitled AN ACT to Provide for a State Board of Medical Examiners and to Prescribe its Qualifications, Duties and Powers.*

Introduced by Mr. Sullivan, of Escambia, April 20, 1895.

Read the first time and referred to the Committee on Public Health, April 20, 1895.

Two hundred copies ordered printed, April 23, 1895.

W.M. FORSYTH BYNUM,  
*Chief Clerk House of Representatives.*

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*Be it enacted by the Legislature of the State of Florida:*

SECTION 1. That the Governor of this State shall, upon the passage of this act, appoint a Board of Medical Examiners, for the State at large; which appointment shall be in writing under seal of the State, and delivered to such persons appointed.

SEC. 2. Said Board of Medical Examiners shall be composed of seven (7) practicing physicians of known ability, one from each judicial circuit, and three homœopathic physicians of known ability, also two eclectics.

SEC. 3. The appointment of the Board of Medical Examiners shall continue for four years from the date of such appointment.

SEC. 4. It shall be the duty of said Board to assemble in Tallahassee two weeks after appointment for the purpose of organization, and the adoption of such rules as may be found necessary for its government.

SEC. 5. Said Board shall meet thereafter on the second Tuesday in the months of April and October of each year, in the City of Tallahassee, or such other place as they may deem expedient, for the purpose of conducting examinations of applicants and granting certificates, as hereinafter provided, and they shall give at least one

month's notice of the time and place of their first four meetings, by publication in one or more newspapers published in Pensacola, Jacksonville, Tampa and Key West.

SEC. 6. Whenever a vacancy occurs in said Board, the same shall be filled by appointment by the Governor for the unexpired term in which said vacancy occurred.

SEC. 7. It shall be the duty of said Board of Examiners to examine thoroughly all applicants for certificates of qualifications to practice medicine or surgery in any or all of their branches or departments, upon the production of his or her medical diploma, or satisfactory evidence that a diploma had been granted the applicant, upon the following named branches, to-wit: Anatomy, Physiology, Surgery, Gynæcology, Materia Medica, Therapeutics, Obstetrics, Practice of Medicine, Chemistry and Hygiene, but no preference shall be given any school of medicine.

SEC. 8. It shall be the duty of the seven members of the regular school of medicine to examine all applicants for certificates of qualifications except those holding diplomas from a homœopathic medical college, Provided, That it shall be the duty of the three members of the homœopathic school to examine applicants for certificates of qualifications who hold diplomas from a homœopathic medical college.

SEC. 9. When the Board shall be satisfied as to the qualifications of an applicant, they shall grant him or her a certificate to that effect, which certificate shall entitle the person to whom granted to practice medicine or surgery in any county of this State, when the same has been recorded in the office of the Clerk of the Circuit Court in the county where the person wishes to reside; a special book being provided as kept therefor by said clerk.

SEC. 10. Any one member of said Board shall have authority to grant a temporary certificate to an applicant, who shall pass a satisfactory examination, which certificate shall remain in force until the next regular meeting

of the full Board, at which time said temporary certificate shall cease to be of force.

SEC. 11. The Board, or members of the Board, shall be entitled to demand and receive from each applicant examined, the sum of ten dollars, (\$10.00), whether a certificate be granted to such applicant or not.

SEC. 12. The provisions of this title shall not apply to persons who have heretofore received certificates of qualification and have recorded the same as provided by the laws of the State heretofore existing, or to females who follow the practice of midwifery.

SEC. 13. No person except those named in the preceding section, shall be permitted to practice medicine or surgery, in any of its branches or departments, without first having obtained and recorded a certificate of qualifications from said Board of Medical Examiners as herein-before provided, and any person so offending shall, upon conviction thereof, be punished by a fine not exceeding three hundred dollars (\$300.00) or imprisonment in the county jail not exceeding six months, at the discretion of the court.

SEC. 14. All laws and parts of laws in conflict with the provisions of this Act, shall be and the same are hereby repealed.

SEC. 15. That this act shall take effect immediately upon its approval by the Governor.

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Arriving at Tallahassee, the next morning Messrs. Chipley and Sullivan, representatives from Escambia county, were consulted upon the advisability of introducing the bill in both houses at the same time, or permitting it to pass the House before reaching the Senate. The latter course was deemed most expedient, and Mr. Sullivan took charge of the bill. Mr. Sullivan, with the assistance of several prominent representatives, succeeded in having it acted upon, and it soon reached the Senate.

While the bill was still in the House a protest came from the Homoeopaths, and a feeble wail from the Eclectics, which resulted in some mutilation and disfigurement of the original measure. Reaching the Senate, it was confidently expected that the bill would pass without much opposition or delay. On the contrary, however, our measure somehow fell behind the Jacksonville charter bill, on the calendar, and remained there until too late to put it through.

There is a strong probability that had it not been for the open hostility of a *certain senator* the bill would have passed the Senate. As Chairman of the Public Health Committee, his opinion as a medical man carried much weight, and this was brought to bear against the passage of the bill upon the ground that the bill was *not acceptable to him personally*.

While in Tallahassee your representative was afforded the opportunity of meeting many of the leaders of both houses, and was assured that the measure would be pushed through as expeditiously as possible. The Governor was also interviewed, and promised his support if the bill reached him, and also to appoint the new members of the Board upon recommendation of this Association.

It is the opinion of the committee that the necessity of abolishing the present system of examination and the substitution of a central board is even greater now than ever before. The following clipping appeared last May in a Pensacola daily paper, showing the unpleasant position in which the District Boards are sometimes placed :

"TO WHOM IT MAY CONCERN.

If there be any physician in or out of the State of Florida who anticipates locating in Pensacola to practice medicine, their friends will do well to advise them not to come before this Pensacola board to be examined. Not one has passed the present board who expressed himself as locating here, and not one of them has failed to get a

certificate from other boards, where honesty and professional ability existed. The best citizens advised me to go to some other board where I might get justice; I found they knew whereof they spoke. It is reasonable to surmise the local board did not intend to antagonize with any more doctors in the city, and those who desired locating in the piney woods uniformly pass with a complimentary grade—see."

The direction of the smoke will give you the point from whence the wind cometh. The presumption of this board is unbounded, who—but they would—write upon a postal card, publicly, so any one could read, their extreme low rating of an applicant, and the presumption is only magnified when this card is sent to another board with a telegram dictating to them what to do in the case, etc. They, too, assume a higher prerogative than the National Association, and boast of plucking men because they do not belong to their ideal school, while the law recognizes no one school more than another. When that school has conformed to the regulations of the National Association, all have an equal right and should be treated impartially to say the least of it, regardless of race, color, creed or politics. The standing of the school is decided by the Association, and the duty of the Board is to see if the school is on the National list, and if so, to give the applicant an impartial examination, consistent with justice, and when there is reason to believe that the Board overstep its formation it should be investigated, and if justifiable a prayer sent to the Governor; for much injury can be done by such a Board to innocent, proficient and worthy young men, after spending time, money and talent, only to be thrown by men who are prejudiced.

It is hardly reasonable that every man, without an exception, four or five in number, should be so deficient, coming from leading three-year schools recognized by the National Association, and yet in this board's opinion deficient. Before educated and honorable boards, these same men pass complimentary examinations. Something

radically wrong—and in conclusion, remember to direct your friends where they may get justice and prevent antagonism with that which approveth evil.

Respectfully,

T. J. WELCH, M. D., D. D. S.

The signer of the clipping was rejected by the examining board of the First District, and went to a neighboring board and passed a creditable (?) examination, coming back to Pensacola to locate, he sought comfort for his wounded spirits as above. We would respectfully urge that the Association continue in attempting to have a proper law passed at the next legislative session a year hence.

Respectfully submitted,

J. HARRIS PIERPONT, M. D.

R. P. IZLAR, M. D.

Committee.

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In regard to License Tax your Committee prepared and presented the following memorial, and the act was repealed :

#### MEMORIAL TO LEGISLATURE.

WHEREAS, Paragraph 15, Sec. 9, Chap. 4115 of the Laws of Florida, acts of 1893, provides for the payment of a license tax by Physicians practicing their profession in Florida ; and

WHEREAS, such Physicians are often required to, and do, give their professional services under circumstances where no pecuniary compensation does or can come to them ; and

WHEREAS, further, a part of their very life work is the promotion and protection of the public health,

Therefore, the members of the Florida Medical Association, now assembled in Gainesville, Fla., for them-

selves and for their fellow Physicians of the State, would call the attention of our Senators and Representatives, now assembled at Tallahassee, to these facts; and would most respectfully urge that so much of said act as relates to the payment of a license tax by Physicians to practice their profession in this State, be repealed.

R. P. DANIEL.

April 18, 1895.

**NO. 5.**

**ADDRESS BY**

**GEORGE TROUP MAXWELL, M. D.,**  
**JACKSONVILLE, FLORIDA.**

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**HYGIENE IN FLORIDA.**

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There was never a time in the history of the race when the human mind was so active and prolific as during the latter half of the nineteenth century. In every department of knowledge, in science and in art, progress has been and is being made, and inventions and discoveries follow each other in such rapid succession as almost to bewilder the observer. Indeed, one is inclined to agree with Uncle Limus. When the first steamer went down the Ohio River, rude and rough in construction in comparison with the palatial structures that have since navigated that stream, coming unexpectedly, because unannounced, to the negro slaves on a Kentucky plantation, they became panic-stricken at the approach of what appeared to be a supernatural monster, and all but Uncle Limus fled to the woods for protection. But Uncle Limus had a reputation to uphold. He was the foreman of the plantation. He therefore stood his ground, determined to brave the danger even at the cost of his life. The steamer came puffing and splashing, with a huge column of smoke ascending. Presently she passed; and when all danger from the horrid monster seemed over, the negroes returned to the field and gathered in admiration around the hero. Having sufficiently recovered from fright, one of them asked: "Uncle Limus" what you tink of dat?" Fully

conscious of his importance, the old man straightened himself and replied : "De invention of God am great, but man can beat him."

Wonderful indeed are the results of human activity, and, in view of recent achievements, the right to say what is impossible can no longer be assumed.

Nor has medicine proved a laggard in the march of improvement. There is not a division of the complex science and art that has not felt the impetus onward and upward. This every reader of medical literature must know ; but to one who, like myself, can take a retrospection of nearly fifty years of personal observation and experience, the result is as familiar as it is interesting, instructive and encouraging.

It would be outside the lines marked out for this discourse were I to attempt an enumeration of the items of progress which have been evolved in every department of medicine, in recent times. It may not be irrelevant, however, to call attention to that discovery which has lifted the formerly obscure but most important branch of our science, Etiology, out of the gloom of hypothesis and conjecture, into the clear light of established theory and absolute demonstration.

The medical profession quickly saw the applicability of the brilliant discoveries in bacteriology by Pasteur in their relation to the diseases of plants and the lower animals, to the study of disease in man ; and Koch and others soon flashed upon an astonished and delighted world, "the germ theory of disease."

To this advance in our science the profession points with pride, for the reason that it is the foundation for vast improvement in both Therapeutics and Hygiene. Learning the causes of disease, the application of appropriate remedies becomes easy ; and knowledge of the life history of pathogenic germs, simplifies measures of resistance to their attacks.

Perhaps the most interesting illustration of the value

of this discovery, to us in Florida, may be found in the revolution it has wrought in the views of the cause, pathology and treatment of our most common and widely prevalent disease—malarial fever.

For a long time and until recently the belief was that malarial fever was caused by some invisible, imponderable, intangible but noxious effluvium, or gas, a chemical product of decaying organic, chiefly vegetable, matter. This effluvium acted, it was supposed, primarily upon the liver, producing therein organic and functional disturbance. That large gland was believed to be the great emunctory, the "scavenger," of the system, whose chief if not sole function was to eliminate effete, poisonous matter, in the form of bile. It is now known to be the most important assimilating, and one of the most essential secreting organs of the body. Bile was supposed to be an excrementitious liquid which in some undefined manner caused fever, which was called "bilius." Hence, naturally, the practice was to administer mercurials or other supposed cholagogues, "to regulate the liver" and to pump out the bile. And, notwithstanding the fact that the treatment failed to effect cures, as it seemed to be logical—and was under the then prevailing notions of physiology and pathology—it was, and to some extent is yet, believed to be the perfection of science. Advancement in physiology and discoveries in bacteriology have changed all that, and the marriage between miasm as cause, and deranged liver and bile as effects, has been dissolved.

The germ theory of disease has so illuminated the subject that, "he that runs may read." It is no longer conjecture; it is demonstration.

Prick the finger of a subject of malarial fever, and place a drop of blood under a microscope. It will be seen that the red corpuscles contain the organisms which are the cause of the disease. Administer appropriate doses of quinine, not only is the fever arrested, but examination of the blood shows that the germs are not now present. They have been destroyed by the germicide, and the

*modus operandi* of the cure is explained.

A glance at the contribution which bacteriology has made to that most important division of medicine, the science of hygiene, will show its superlative value to the human race. I will have time for but few illustrations.

Since the days when ancient Rome—2,000 years ago—wearied of ineffectual prayers and sacrifices to the "Goddess of Fever," turned in agony her tear-bedimmed eyes to the Goddess Hygeia, and with pathetic entreaty wooed and won her intervention, it has been known that pure soil, pure air and pure water are essentials to healthfulness. She tunnelled mountains, built immense aqueducts, introduced gigantic sewers, and by thorough surface and subsoil drainage robbed her soil of superfluous moisture. The ruins of those hygenic structures are objects of intense interest to modern tourists.

The reputation of Rome was simply infamous. There was not, perhaps, as sickly a locality in the world. But upon completion of her sanitary measures there was an entire revolution. Not only the city but the adjacent Campagna di Roma was rendered free from fever. Similar has been the experience of England, Scotland and some of our Northwestern States. The best parody I ever read, was upon that charming little poem of Poe, *Annabel Lee*, and was called, "This Aguish West Countree." That opprobrium no longer rests upon those States. To increase the fertility and value of their farms porous tiles for subsoil drainage were used. The primary purpose of the farmers was accomplished; and, greater achievement still, they made their homes healthful.

But, tho' the experience is old, the explanation is modern. It is now known, says Tomassi Crudeli, that "the idea so long held by the medical profession that there is a necessary connection between malarial fever and marshy soils is thoroughly exploded; the cause of malarial fevers he declares to be a specific ferment (germ), which is not of exclusive palustral origin, and still less

the product of putrefactive process. Malaria exists in soils of every conceivable variety, and of every age in geological time, and it is impossible to point to any micrological or chemical condition of the soil which can be said to be essential." The hypothesis that malarial fever is caused by a minute organism is as old as Varro; but its demonstration as a fact was reserved for our day.

Since the acceptance of the germ theory the life history of many pathogenic organisms have been carefully investigated, and the connection between their presence in the blood or tissues as cause, and disease as effect has been satisfactorily established. This knowledge has in many cases simplified treatment and rendered easy and certain the prevention of disease. Unhappily advance in therapeutics has been retarded by the difficulty of selecting germicidal remedies which can, without prejudice, be mixed with the circulating blood, and come in contact with the tissues. In these respects quinine is exceptional, and to that fact it owes its great value as a remedial agent.

In a hygienic point of view study of the life history of the malarial germ has wrought invaluable results. It is now known that there are three factors essential to its propagation—heat, oxygen and moisture. As the sun will continue to give heat, and the air to supply oxygen, we must look to the elimination of the other essential, moisture, for the prevention of its malign agency. This is practicable. By thorough drainage, the most malarial soil may be rendered innocuous. It is thus that that prolific source of suffering may be driven beyond the borders of our beautiful State.

Contrary to the view which long held sway we now know that consumption is not a hereditary disease. We have learned, besides, that it is contagious; but, important fact, to contract consumption, there must be predisposition, either inherited or acquired. Consumptive patients do not communicate the disease to their offspring, *in utero*, but they do often transmit those peculiarities of organiza-

tion which are characterized by feeble powers of resistance to attacks of the tubercle bacillus. This constitutes hereditary predisposition.

It is a fact of too frequent occurrence to have escaped attention, that persons of vigorous constitutions succumb to attacks of consumption, as a sequence of inflammatory action in some part of the respiratory tract. My experience teaches that a large percentage of cases of consumption have their starting point in pneumonia which has not been completely cured. Such are instances of acquired predisposition. The nidus being either congenital or acquired, exposure to the contagium, the bacillus, develops a case of tuberculosis.

At the close of the war when I resumed my professional studies, the first book purchased and read was Niemeyer on Consumption, and I distinctly recall the startling effect of his declaration, that: "The great danger to a consumptive is that he may contract tuberculosis." For quite fifty years the profession had accepted as true the *dicta* of Laanec and Louis, that the first link in the morbid chain that constitutes consumption is the deposit of miliary tubercles. Now comes this distinguished author who declares that it is among the last.

Bacteriology has since confirmed Niemeyer's opinion, and, besides, furnishes a scientific explanation. It is not uncommon to see persons with a predisposition to consumption who pass long lives without development of the disease. The exemption is due to the fact that they have escaped exposure to the bacillus.

Why is it that Florida has lost her once well deserved reputation of being the finest climatic sanatorium on the globe? Why is it that even in the latter months of summer, the months when there are few, if any, visitors to the State, the season in which malarial fevers are most prevalent and violent, the deaths from consumption outnumber those from malarial fevers? The answer is easy and simple. It is because consumptives have for years been per-

mitted to come by thousands to distribute and to disseminate the contagion in hotels, boarding houses, churches, theaters and streets, all over the State, and nothing has been done to restrain their coming, or to minimize the danger by the enforcement of sanitary regulations. The tubercle bacillus, once an exotic, has been transplanted to our soil, and by fertilization and cultivation has become domiciliated, and like the fabled Upas has spread its death-dealing branches over the fair bosom of Nature's nurse, counting its victims among natives and long residents by thousands! Have steps been taken by our guardians of health to ameliorate or to improve the conditions I have described?

Another matter of as great, I think of even greater, importance as either to which I have directed your attention, is our murderous public schools. This is of vital interest, not only to the present, but to future generations as well. The criticisms I shall make are not confined in their application to the schools of this State. The fault lies in the method; and wherever the common school system obtains, the evidence of its injurious effect upon the health of children, especially girls, has been apparent. After a visit to the public schools of Boston, Lady Amberly said: "I never saw as many pretty girls in my life; but they all look sick." Certainly. How could it be otherwise? Shut in over-crowded, badly ventilated rooms, on uncomfortable seats, under rigid discipline four to five hours a day, with a single recess of a few minutes; required to learn four to six lessons, daily, that are as difficult for them as the abstruse sciences are for grown persons, how can it fail that their vital energies become depressed, if not destroyed? It is well known that mental work is far more exhaustive of vital force than manual labor. A writer of distinction said recently: "Put yourself—a full grown man—in the place of the pupil, and ask yourself how long you could stand the strain, with health unimpaired, of five hours continuous daily application in a close room."

But bad as what I have described is, it is not all, or the worst. After school hours the labor of the children has, really, just begun. Lessons are learned at home. Parents are, in fact, the teachers. The paid employees simply hear recitations. To the four or five hours spent in school, several are added in hard study at home. The question of exercise in open air and amusement, is ignored.

I have had some experiences, the recital of which may prove of interest. My youngest child, a boy, inherited a robust constitution. He was bright, ambitious, studious and brave to daring. After confinement for months in the public schools of Atlanta, during a continuous daily session of five and a half hours, with one short recess, he spent three hours in hard study at home. In a short time a marked change in his appearance and disposition was perceptible. He became pale and thin, pevish and petulant. His appetite failed; he suffered from insomnia, and his courage deserted him—he would become frightened at shadows. I took him from the public school, and sent him to a private school in the country, hoping for benefit from the change. I was disappointed, and was compelled to withdraw him from school. At the most valuable portion of his educational life, he lost eighteen months, but at the end of that time his health was completely restored. He was next sent to a private teacher, with the understanding that he should not be required to make more than three daily recitations. His health continued good, and his progress in education was satisfactory.

In a charming family with whom I boarded a few years ago, was a bright girl of ten years of age. As I entered the porch one morning, I found her engaged in study. Attracted by the number of books around her, I asked: "How many daily recitations are required of you?" Counting her books, she answered: "Here are six, but these are not all, there are two more." Astounded at the reply, I said: "Is it possible that you

are required to recite eight lessons daily?" "Yes, sir," she naively said. "How many recesses are you allowed?" "We haven't any recess, sir; we have an intermission of five minutes to eat lunch at our desks." I told her parents that the curriculum if persisted in would kill their child, or render her a chronic invalid. My warning was unheeded. Indeed there was no escape. The alternative was, to deprive her of educational advantages in the public school, or to continue to subject her to the murderous ordeal. The latter was chosen.

About a year ago, the father of this sweet girl who was now struggling through the critical period of development from girlhood to womanhood, came to me with the sad story of her almost complete collapse. She was now pale, anaemic, weak, sleepless and without appetite. I recalled my warning, which he remembered; and told him her salvation depended upon complete withdrawal from school. This was done; and after a year of rest, the child's health is almost entirely restored.

In order to reinforce my advice by the authority of one who had given the subject the most thorough and intelligent investigation, I sent to the mother a copy of the late Professor Clarke's epoch making book: "*Sex in Education*"—a work which, with its companion, by the same author—"The Building of a Brain"—ought to be carefully studied by every parent, and especially by every one who is engaged in the responsible work of education.

Boys pass from youth to manhood without consciousness from sensation of the change—certainly without discomfort; but how different is the experience of girls. The law of periodicity which dominates the sexual functions of girls, during the formative period of life especially, must be regarded, or dire consequences will certainly ensue. The discomfort and oft-times severe suffering which women experience under the conditions hinted at, are characterized by themselves as a departure from health. Nevertheless female teachers, failing to appreciate, or to

properly interpret, their personal experiences ; and Boards of Education absolutely ignorant of the broad anatomical and physiological differences between the sexes, place boys and girls in the same schools, subject them to the same requirements, with oft-times serious, and occasional permanently injurious consequences to those who are to become the mothers of future generations.

Speaking of the disastrous effect upon American women of the faulty methods of education, Prof. Clarke said : " If these causes should continue for the next half century and increase in the same ratio as they have for the last fifty years, it requires no prophet to foretell that the wives who are to be mothers in our republic must be drawn from trans-atlantic homes."

The question of the comparative mental capacity and aptitude for learning of the sexes does not enter into this discussion. Without denying, but affirming, that women can learn as much and as well as men—the fact remains that there are anatomical and physiological differences between the sexes, and that these radical differences make it necessary that the *methods* of instruction shall vary. The rest which girls require periodically during the formative stage of life, for their healthy development into perfect womanhood, is not necessary for boys.

No child twelve years of age, or under, ought to be confined in a school room more than two and one-half hours, daily, and then with frequent breaks. Nor ought a child of eighteen years, or less, be required to study more than three or four lessons daily. There should be one short session for the younger children and two for the older. Ample time for rest and dinner should be given. There should not be lessons to be learned at home, but employes should be required to do what they are paid for, teach. With two lessons for each session, taught by the teachers, they would earn their salaries, parents would be relieved of the labor of instruction, the health of the children would be preserved, and thorough education be accomplished.

Perhaps the most senseless fad of modern times is that to which health officials attach almost superlative importance. I refer to vital statistics. I am conscious that such a declaration will excite surprise, for the postulate that, by the collection and tabulation of mortuary statistics the healthfulness of a city or state may be ascertained, has received almost universal acceptance as proven. Let us examine the subject. Is it true that a correct conclusion of the healthfulness of a locality can be drawn from vital statistics? After reflection the experience of every physician will constrain a negative reply. For illustration: There are few diseases more responsive to the demands of appropriate treatment than malarial fever. Death from that disease is the rare exception. Do the mortuary reports show the number of cases? There may have been 1,000 cases with very few deaths. How can the reports of the latter, only, determine the question of healthfulness?

Take another disease. Every physician of experience knows that dengue sweeps through a community, sparing few. Who does not know that death from that disease is of rare occurrence? In Charleston, S. C., there were 10,000 cases in 1850; and in 1880, between 2,000 and 3,000, without a death. What conclusion would have been drawn from vital statistics? Would they show that there had been one case of the disease in that city? No. But what would have been the testimony of the thousands who endured the tortures of that "bone-breaking" malady? Is it not absurd, therefore, to claim that vital statistics throw the smallest ray of light upon the healthfulness of a locality, state or climate? How much more sensible is the maxim: "Take care of the disease rate and the death rate will take care of itself."

Professor Guiteras is authority for the statement that it was the custom of the aborigines of Tropical America to change the location of their abodes every eight years. Experience taught those savages the lesson, which science explains, that when soil, air and water have become con-

taminated by the wastes of living, which is only a question of time, the locality is rendered deleterious to health. But the measure of protection which was practicable for nomadic savages is impossible for civilized man. The former found no difficulty in breaking camp to escape the danger of accumulated filth; but the latter must resort to other and more costly methods for safety.

Inventive genius has contrived appliances for conveying the dangerous wastes from proximity to dwellings. How to get rid of human excreta in the interests of health, was a difficult problem, but it has been happily solved, and the question of expense sinks into insignificance in comparison with the beneficent results. To-day officials charged with the duty and responsibility of preserving the salubrity of cities and states are either inexcusably ignorant or criminally neglectful, if they fail to afford the desired and necessary protection.

What has been accomplished in this direction in Florida? There are only two cities, Jacksonville and Pensacola, which have made even a pretense to the employment of sanitary appliances. I shall not attempt to discuss the merits of the system of sewers in use in Jacksonville, except to say that, in 1889, it was condemned in every detail by a sanitary expert. No improvement or additions have been made since, although a State Board of Health has been in operation all the intervening years.

A few days ago during a visit to Jacksonville's pretty suburb, Riverside, I walked to the river shore. There I saw two sewers emptying their contents on the beach. Neither was submerged, and the outlet of each was in the air, and opened to the east, whence the prevailing winds blow.

It requires no stretch of fancy to arrive at the conclusion that the poisonous sewer air is blown into every dwelling that is connected with those sewers. And this is called "sanitation!"

I ask your attention to a few figures. There are 8,000

houses in Jacksonville. Of these only about 1,500 have sewer connections. That is, there are at least 6,000 families who employ methods which inevitably pollute and probably infect soil, air and water.

At Pensacola, only four of the sixteen miles of sewers contemplated in the original plan have been constructed. There are within the city limits, about 4,000 houses. Of these only 134 have sewer connections. Reference to these official figures, shows that Pensacola is virtually without protection from that source.

Except that in a few places tubs have been substituted for surface and shallow-pit privies, if any radical steps have been taken to improve the sanitary condition of any locality within the borders of this State, since the epidemic of 1888, I have been unable, after diligent inquiry, to learn the fact. The unsanitary condition prevailing during, and which caused the epidemics of 1887 and '88, are in *statu quo*.

In an able paper on "State Medicine," read before this Society, in 1890, Dr. Porter said : "Artesian well water and rain water properly filtered, are the only safe drinking waters ; and the drinking of ordinary well water, which is so general in this State, is a practice that cannot be too strongly condemned." That is sound doctrine. But where is its practical application ? That the water supply, especially of cities, should be the best obtainable, cannot be questioned. Let us see how this admirable doctrine has been applied in our State. Jacksonville has an almost unlimited supply of hygienically pure water, millions of gallons of which are daily wasted. There are a few more than 6,000 sources of supply in that city. Of these considerably more than half—3,500—are from shallow wells, which Dr. Porter declared cannot be too strongly condemned. More than half the population of Jacksonville are using daily dangerous water. This is a matter of compulsion. With an unlimited supply of wholesome water easily accessible, more than half her population are denied its use. Her enterprising citizens have voluntarily

incurred a large debt to change and improve this condition of things. Preparations were begun more than a year ago, and are now being pressed, to extend the pure water to every section of the city. Difficulties arose and have retarded this essential work; but if a hand has been lifted or a word spoken by the State Board of Health, to remove them, the public is in ignorance of the fact. These preparations are being conducted with such haste as to jeopardize the item of security in construction. Why? Because the State health authorities stand ready with an interdict against the prosecution of the work, after the 30th of April, for six and a half months.

Of course, this obstruction to the completion of measures which the health officer recognizes as essential to healthfulness, is enforced under cover of the pretext of giving protection to health. Dr. Porter declares that, "The consensus of medical opinion in the South is against extensive upturning of earth during the summer months." Is there anything more unstable than "the consensus of medical opinion?" History shows that the consensus of medical opinion has often favored the most absurd hypotheses. A little more than a score of years ago the medical profession was a unit upon two questions in regard to yellow fever which are now hotly contested by health officials, viz: its local origin and non-contagiousness. These views were embodied in the volumes of LaRoche. I was surprised to find Dr. Porter referring contemptuously to that great work as "musty with age and redolent with the odors of long ago exploded theories," and he adds: "Surely Dr. Kenworthy does not quote LaRoche as a medical authority of *to-day* on yellow fever." Had the sagacious doctor waited a few years, he would have found Surgeon General Sternberg, in an elaborate article on yellow fever, referring his reader for 'proofs of non-contagion to the classical work of LaRoche.' Pope's inquiry finds application here: "Who shall decide when doctors disagree?"

The question is, not whether there is a consensus of, but is there reason for, the opinion? Why is extensive upturning of earth in summer at the South, condemned? My conviction is, that, it is *because it is the South*. There has not been a day since the national government was framed that there has not been spiteful, slanderous flings at the South, by people in certain sections of the country. For confirmation of what I assert, read the daily papers, the pulpit utterances and the debates in Congress.

During the existence of negro slavery the South was pictured as the home of aristocratic barbarians, and thus European immigrants were made to "go West." After slavery was abolished the South was converted into a pandemonium by reconstruction. That ended, the South began to rebuild her waste places and to recover from the losses of a devastating war. Never in the history of Florida were there such increase in desirable population and growth in substantial prosperity, as during the decade from 1876 to 1886. Meanwhile the enemies of the South, having the advantages of high official position and the control of money, were busy manufacturing a "consensus of medical opinion in the South," by indoctrinating heretical views of yellow fever, and its relation to our section, with such success that, when the epidemics of 1887 and 1888 furnished the desired opportunity, the seeds of panic, fright were sowed, and the harvest was garnered. The entire South was stigmatized; and our beautiful and healthful State was denounced as "the point of danger," and the "gateway" for yellow fever.

I ask for one good reason why excavations are dangerous at the South, but safe at the North? Is there a radical difference in the nature of the soil of the two sections? I do not so understand. Is there a lower range of temperature in summer, at the North than at the South? Meteorological records answer, no. Is there difference in the character of the water which falls from the clouds at the North and that which refreshes the earth in the "Sunny South?" Or is there variance in the constitu-

ents of the atmosphere, North and South? Who dares say there is? I have enumerated the elements of climate of the two sections, does the comparison show any logical ground for the accusation against the South?

This whole business is disgusting, and worse. Some Northern pop-in-jay, "dressed in a little brief authority," sings: "Yellow fever is a disease of warm climates," and the Southern cuckoos echo, "that's so." It is generally known that, never in the history of Jacksonville were such deep and extensive excavations made as during the epidemic of 1888; and it is equally well known that, not the slightest effect upon the course, duration or fatality of the disease was perceptible. Indeed the percentage of deaths was unusually small. It would seem that no severer test of the soundness of that "consensus of medical opinion," could have been made, and the result was an emphatic refutation.

Southern health officials, neglecting to think, but blindly accepting as true the dicta of Southern enemies, many of whom have no personal knowledge of yellow fever, involve themselves in inextricable dilemmas. They proclaim that yellow fever is an exotic and must be imported, and then forbid Southern cities that are striving to introduce what are universally admitted to be essential sanitary appliances, from completing them, because, forsooth, excavations in summer will cause yellow fever! Can an exotic which must be imported, arise from a local cause? Yellow fever is confessedly endemic at Key West, where there is no soil to be upturned. How is that accounted for?

To the regulation forbidding excavations Florida's health officer complaisantly grants exceptions. Cities are permitted to excavate for repairs in cases of leakage of sewers, gas and water pipes. These are denominated "exigencies." The introduction of sewers, etc., is called sanitary essentials. Both require excavation. Why excavations for "exigencies" are unattended with danger—as has been proven in Jacksonville—while the same made

for "essentials" will cause yellow fever, is beyond my comprehension; unless, indeed, there is an understanding with the microbes that they will not bite in the former case, but will in the latter.

I shall take the liberty to introduce here, parenthetically, an explanation and an amende. I received a letter recently which called my attention to the fact that there are lepers at Key West. It was said that four of the lepers had married, and had young families. In my address on retiring from the presidency of our local society, I referred to the subject and said that, neither the representative of the Marine Hospital service at that place, nor the State health officer had taken a step looking to the suppression of that horrible disease. I have learned since that I was misinformed, and in consequence, did injustice to Dr. Porter, which I regret. I was gratified to learn and take pleasure in declairing that Dr. Porter did appreciate the gravity of the situation, and took action on the case.

In a letter of recent date, from Dr. R. D. Murray, he said: "There are a few lepers in Key West. Dr. Porter at my solicitation caused the first American action in favor of restriction, but he was defeated by a Jacksonville personage of high degree." Of course. I do not know who the person of "high degree" is, who wields a "power behind the throne greater than the throne;" but the fact squints broadly at what is entensively believed—political influence.

In a paper read before this society, in 1890, Dr. Daniel, at the time president of the State Board, said: "But a large majority of the people recognize only one object to be attained by the creation and support of a State Board of Health, viz: the prevention, by exclusion or suppression of yellow fever." Undoubtedly the doctor gave expression to the public sentiment as it existed and still prevails, which he manifestly regretted; but he little suspected then that that would become the controlling idea of the State Board of Health. But such is the case; for,

if the board has instigated or enforced one measure of hygiene in any locality, or, except by vaccination, taken a step to prevent or suppress any disease, except by quarantine against yellow fever, it has been kept a profound secret. Even that section of the law requiring visits of inspection has been ignored. Preventing the invasion of the State by yellow fever seems to be regarded as its only duty, and quarantine is its sole reliance. Within the past year there have been in Jacksonville, measles, hooping-cough, scarlet fever, diphtheria and smallpox, all contagious, and some oft-times fatal diseases. The health officer has been notified, but has seemed to regard even his presence unnecessary. Suppose there had been even a suspicious case of yellow fever, the fact would have been flashed over the wires to all parts of the world, and the activity of the health officer would have excited universal attention. You will recall the incidents connected with the latest development of yellow fever in this State. When the health officer of that city reported two deaths from the disease at Pensacola, and Dr. Wall declared its presence at Port Tampa, the energy of the health officer was almost superhuman. Extra trains were employed, and the officer hastened from one extreme of the State to the other with remarkable celerity, and the greatest publicity was given to his words and deeds. You can draw the contrast.

Of quarantine, Dr. Ernest Hart, of London, the editor of the British Medical Journal, said: "We, in England are coming to rely less and less on quarantine. The American public and American journalists are being misled by the importance which the health authorities are attaching to it. Quarantine has everywhere been ineffectual. It has been discarded in England for twenty-seven years." It has been my effort for years to impress the people of Florida with the fact that they are being misled by the health authorities who place their sole reliance on quarantine, to the total neglect of municipal hygiene.

Until the close of the first quarter of the present century, throughout its previous history, yellow fever was a disease of Northern cities. Since, it has rarely prevailed in those cities. What is the reason for this long immunity? Surgeon-General Sternberg explains. He says: "Of all measures of prophylaxis those which relate to the sanitary improvements of cities and towns liable to become infected, are perhaps, the most important. Municipal hygiene has made great strides since the early part of the present century, and it is probable to this fact more than to any other that certain Northern cities which formerly suffered severely from yellow fever epidemics, owe their long immunity from such visitations, e. g. New York and Philadelphia." How invaluable is this lesson to Southern cities! Yet, how entirely neglected!

Florida has a peculiar geographical position. Prolonging herself almost into the tropics, she is washed on one side by the broad Atlantic, and on the other by the great gulf of Mexico. She enjoys in consequence a climate that is unique. As an all-the-year climate there is nothing on the globe comparable to it. Florida comes nearer than any country of my knowledge realizing the poet's ideal, of a land:

"Where every prospect pleases,  
And only man is vile."

Florida has been my home for nearly fifty years. I know her well and love her dearly. It grieves me, therefore, when her delightful and healthful climate is slandered, and her chief charm is made by calumny, to appear to the world as her distinguishing curse. Beautiful Florida attracts within her borders, annually, thousands of invalids who come to enjoy the benefit of her health-restoring climate, and tens of thousands of tourists who rush from their frigid homes to bask and revel in her genial sunshine, yet this "Land of Flowers" is made the terror of the continent. It was not always thus. But it has been proclaimed by the highest health official of the repub-

lic that "Florida, because of her mild climate and proximity to the West Indies is the danger point of the Union, the gateway for yellow fever." And, horrible to relate, this calumny has not only been acquiesced in, but it has been given "damnable iteration" by every officer of this State, and the Union. The charge is an unqualified slander. History and logic affirm that it is a lie; and furnish substantial proofs to establish the affirmation. It, however, corroborates the declaration of Dr. Ernest Hart, that "the American public and American journalists are misled by health authorities."

This false doctrine is based upon three assumptions, not one of which is true, as experience shows.

It is declared: 1st, that yellow fever is essentially a disease of warm climates; 2d, that it is contagious; and 3d that it is an exotic, which is transportable, and is always imported into the United States.

First. History shows that during the first two centuries after its recognition in this country, yellow fever was a disease of Northern cities. The first epidemic of yellow fever in the United States occurred in New York in 1668; and its first appearance in New Orleans was in 1769, or more than a century later. There were ten epidemics in New York before the first in New Orleans. Boston has had ten epidemics; New Haven, six; Providence, five; New York nearly seventy and Philadelphia about the same number. It has extended as far north as Quebec and Halifax. Per contra: Yellow fever has prevailed only five times in St. Augustine, the oldest city in the United States. Jacksonville has had only three epidemics; and Tampa, the most Southern city of the main and the nearest to Cuba, has had but five. Behold the contrast, and explain it if possible upon the ground of climate. The shortest interval between epidemics at Jacksonville was eleven years, and the longest twenty. The shortest between the epidemics at Tampa was fourteen years, and the longest sixteen. Then, there was neither State Board of Health nor health officer. In the light of these historical facts you can now

conceive the effrontery that characterizes the claim of the State Board of Health that *they* have kept yellow fever out of the State six years!

But how will the advocates of the notion that yellow fever is a disease of warm climates account for the fact that residents of tropical countries do not contract the disease unless they go into infected localities? It is an established fact that residents of tropical countries, outside the infected cities, are as exempt from yellow fever as the inhabitants of Maine and Minnesota. But the testimony is quite as strong that, if residents of tropical countries, who live outside of cities, visit infected localities, they, like people in other countries, frequently fall sick of the disease.

Do not these established facts point to local rather than to climatic cause of yellow fever? In support of this contention, the testimony of Doctors Sternberg, Hamilton and Lee, the latter the Secretary of the State Board of Health of Pennsylvania, is conclusive. Sternberg said "the epidemic plague so fatal to strangers could probably be banished from Rio Janiero by well executed sanitary measures." Hamilton said, "it is beyond question that those cities—Havana and Rio Janiero—could be made clean and healthy if proper measures were taken," and recommended that the United States "donate to the Cuban government sufficient funds to make Havana a healthy seaport." Lee is equally forceful in his declaration as to the efficacy of sanitary measures for changing Havana from "a plague spot into a health resort." If Havana and Rio Janiero can be made healthful by sanitary measures, as these distinguished scientists claim, and I believe, what becomes of the notion of climatic causation? Is it not annihilated; and must it not be substituted by the theory of local origin? Rob Florida of her incomparable climate; or let the world understand that this peculiar favor of Providence is a curse and not a blessing, and what would become of her? Her superb system of railroads, traversing every neighborhood, would

become valueless; her hosteleries, unsurpassed for splendor and comfort, would be the hiding places for owls and bats; her gardens and groves soon again to supply to the continent the choicest vegetables and most luscious fruits, would be thrown into the range for wild cattle, and the beautiful cities and towns which have sprung into being within the last twenty years, would be abandoned and deserted.

I have said that it was not ever thus. The barbaric methods of prevention now in vogue, and the "insensate cruelties now practiced by health boards and officials have come into operation within a score of years. In 1877 yellow fever was epidemic in Fernandina, Jacksonville and St. Augustine. Jacksonville essayed to protect herself against Fernandina, where its presence was first acknowledged, by a rigid shot-gun quarantine, and failed. Instead of causing a panic throughout the country, refugees from the afflicted communities were invited through the press, by resolutions of town councils and by private correspondence to seek protection in the interior towns of the State. They fled in great numbers, crowding into Tallahassee, Madison, Monticello, Starke and other places. Many refugees were attacked by the fever after reaching those "cities of refuge." In Monticello there were fifty cases and six deaths. Dr. Gaskins attended twelve cases at Starke among the refugees from Fernandina. There were cases of fever and an occasional death in other places. The disease was not communicated to a single resident of the places which so generously afforded sympathy and hospitality. That was under the old regime: behold the contrast under the new!

Ten years later, in May, 1887, yellow fever was declared to be at Key West, an island more than one hundred miles from the nearest point reached by the usual routes of travel, and perhaps two hundred miles from Orlando, in the interior. Yet the local railroad agent at that place sold \$5,000 worth of tickets in forty-eight hours after the announcement, to persons who were to fly from

the imagined danger. And when in the fall the fever was declared to be in Tampa, every city, town and farm house was converted into a fort, garrisoned by armed men to repel the wretched refugees who had left the comforts of home to seek safety, and who, instead of the hospitality they had hoped and expected, were driven into the woods like wild beasts. This is the order of things under the latter day health authorities, who are misleading "the American public and American journalists."

Unhappily under modern mismanagement there is no escape for the well, if the officials can prevent it. Upon the happening of a case of fever, or even a suspicious case, as at Sanford in 1889—which sent a thrill of horror over the whole country, depressing stocks as far away as Chicago—an armed guard is placed around the doomed locality, and well as well as sick are corralled ten days, or longer, with the certainty that, if an epidemic results, suffering will be increased and deaths multiplied.

Second. That yellow fever is a non-contagious, non-communicable disease is a point so well established that it seems hardly worth while to discuss it. Dr. Sternberg says: "The yellow fever patient, however, does not directly endanger those who come near him any more than a gelatine culture of the spirillum of Asiatic cholera, or anthrax bacillus place in danger the student of bacteriology who is engaged in studying it." And after giving many instances in proof of that statement, among them the experience of the camps near Memphis, of which he said: "In no case did they communicate the disease to their families and bedfellows." He adds: "Evidence of this kind could be extended to fill a volume, but sufficient has been presented to establish the statement, and the reader may be referred to the proofs of non-contagion in the second volume of the classical work of La Roche." Sternberg does not qualify the statement in the slightest degree. He does not say that some times, or in the absence of "ideal sanitary conditions," yellow fever is contagious; but he declares: "Never do yellow fever patients communicate the disease to others."

Third. That yellow fever is a disease of local origin has been demonstrated with equal clearness and force. Every epidemic, from and including that of Tampa, in 1887, those of Jacksonville and Manatee in 1888; of Brunswick and Jesup in 1893, to the two fatal cases at Pensacola in the same year, were proven to have been of local origin. And the case of Neuman at Port Tampa was contracted by a visit to the ship *Markomania*, after she had been subjected to quarantine, fumigation and disinfection. That distinguished man whose reputation in connection with quarantine and disinfection is world-wide, Dr. Joseph Holt, after four years' service as President of the State Board of Health of Louisiana, said: "Quarantine as we may! Build a wall without gates, if we will—until the city is provided with a superficial and subsoil drain, and its sewerage disposed of through some efficient system, we live in jeopardy, yea, in the certainty of danger."

Let me, in closing, direct your attention to a lively contrast. When that brightest ornament of our Profession in this State, the late Dr. John P. Wall, after an absence of weeks, because, for giving warning of danger on account of the unsanitary condition of the city he received only personal abuse, returned to Tampa the latter part of September, 1887, he quickly discovered, what he had apprehended and anticipated, the presence of yellow fever. His first step was to control the telegraph to prevent the transmission of the intelligence to the outside world. His next was to encourage and promote the flight of three-fourths of the population, before the panicky health authorities could invest the city with a cordon of armed men. He was almost universally condemned by what he called "panicky editors and nincocompoop doctors." But his day of triumph came; and I can imagine the emotions which swelled his noble heart, when, after the excitement caused by groundless alarm had subsided, he claimed: "The result has vindicated my course which prevented an increase of calamity that

would have amounted to a holocaust in the sacrifice of life." Dr. Wall's conduct was guided by science, and was supported by experience.

In 1889 a woman died in this pretty little town, Sanford. Her symptoms were pronounced to be "suspicious." This fact was immediately put upon the wires, and a thrill of horror swept over the continent. A shotgun quarantine of fifteen days was ordered and enforced. Sanford, helpless in the grasp of the health authorities, was paralyzed. Citizens were not permitted to fly from a great danger had the suspicion been confirmed, and friends were not allowed to visit the condemned locality. Among the regulations was one forbidding all public assembling, and requiring offices and stores to be closed and all business suspended at 6 o'clock p. m. To the latter part of this restrictive regulation there was made, however, an exception. On Saturday nights the storekeepers were permitted to keep their places of business open and shoppers were allowed to make purchases till 9 o'clock p. m. I can conceive of no reason for the exception, unless there was a compact entered into between the health officer and the microbes under which the latter stipulated to delay the exercise of their vicious propensities three hours, one night in the week. This was not science, for science is common sense. It was jugglery.

Oh, Hygiene! Hygiene! how many crimes are committed in thy name.

**NO. 8.**

**Ligation of the Subclavian Artery for a Large Aneurism in the Axilla--Report of a Case.**

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BY J. HARRISON HODGES, M. D., GAINESVILLE, FLA.

The earliest treatment known to have been used for aneurism is usually credited to Antyllus, who lived in the fourth century. It was limited to the treatment of aneurism at the bend of the elbow, and consisted in cutting down upon and turning out the contents of the sack, ligating the artery above and below, and filling the sack with powdered myrrh. The mortality from the operation was frightful, but not until fourteen centuries later was it materially improved upon.

Of the several operations devised about this time as improvements upon Antyllus, that of John Hunter was based upon the soundest and most scientific grounds, and it has justly made the name of this investigator immortal. At the conclusion of a long series of experiments upon animals, he proposed to ligate the artery further away from the sack than others had done, and at a point where the vessel was not diseased.

I shall not attempt to deal with the different methods of treatment which has since sprung up for the cure of this grave affection, or of the advantages of any one over the others. They are all intelligent efforts to imitate Nature in her methods of effecting a spontaneous cure.

Pressure, manipulation, the introduction of foreign bodies into the sack, acupuncture, galvano-puncture, the use of coagulating injections, the Macewen method, and finally, the exterpation of the sack, a recently recom-

mended treatment, are all means to the same end, and each may in occasional cases, be preferable to the others. For instance, the treatment by compression has advantages over deligation when it can be performed successfully. Generally speaking, it is probably less dangerous, more apt to be attended with success and more permanent than tying.

In my case ligation appeared to be the only available treatment, at least it was adopted after mature consideration. And the fact that it proved one of those unfortunate cases where "the operation was a beautiful success, but the patient died," is not necessarily any argument against the wisdom of its selection.

David M., a muscular, well built negro man, suffering with a large aneurism in the right axilla, was referred to me by another physician, in January, 1893. Six years previous he had received a gun shot wound in the arm which had transversed the axillary space and the bullet lodged under the collar bone. There was considerable hemorrhage and the ball could not be extracted. The wound was slow in healing, but eventually got apparently well. Four years afterwards he was cutting wood with an axe, when he felt something give way under the armpit, attended by pain and weakness of the arm. A lump began to form and continued to increase in size, causing considerable pain the while, until he came under my care. I found the lump rather tense and the size of a cocoanut. The man plainly showed the marks of suffering and was compelled to carry the arm at almost a right angle to the body owing to the size of the tumor. The characteristic thrill and bruit, while not continuous nor marked, could be detected constantly and clearly enough, taken with the other symptoms and the history, to put the diagnosis beyond doubt.

No one symptom is pathognomonic of aneurism. No less a surgeon than the renowned Perogoff plunged a scalpel into what he supposed to be an abscess, only to be startled by a spurt of bright arterial blood from an aneurism. In

my case, the diagnosis was happily not so difficult. I at once proceeded to consider the advisability of tying the subclavian artery. It was true that the situation of the aneurism, being in the soft tissue of the axilla, rendered it peculiarly liable to destructive suppuration, but with the chance withheld, the man seemed doomed to rapid and inevitable death. The aneurism was growing, the walls were already thin, and its ultimate rupture with certain death to the patient, could reasonably be deemed only a question of days. Deligation might bridge him over the abyss which he had almost reached. It presented to me the only available means of cure and was performed as a *denier ressort*.

The patient was placed upon his back upon the operating table with his shoulders slightly raised, and having him anæsthetised with chloroform and the field of operation rendered aseptic, I made an incision over the course of the artery in its third portion, using as a surface guide the clavicle, making the incision parallel to this bone and one half inch above it. With the use of a director and a pair of thumb forceps for picking up tissues, the sheath of the artery was exposed and opened with small loss of blood and but little use of the knife. The wound was kept open by the use of small retractors hooked in either side. A silver aneurismal needle, threaded with sterilized cat-gut ligature, was inserted between the artery and the vein and carried under and around the former, taking care to avoid the nerve. This maneuver was more difficult than I anticipated. The artery seemed much deeper seated than I had found it in the dissecting room and the clavicle proved very much in the way of depressing the needle in carrying the ligature around and under the artery sufficient to be secured from the opposite side. I think any one who does this operation for the first time will be doubly convinced that the tying of a great blood vessel, like the subclavian artery, in the living body is assuredly no child's play. The ligature being in position, it was securely tied in a reef knot. The pulsation at the wrist ceased immediately, and the

fingers soon became cold and in an hour the whole arm was cold.

The patient rallied well from the anaesthetic and was soon very much relieved, the pain being greatly ameliorated, and for several days he was so much better that I confidently expected him to gradually throw off his extreme exhaustion and recover; but on the third or fourth day the sack began to slough out and continued to do so rapidly, coming away on the seventh day, in one huge suppurating mass, followed by a general oozing of blood into the cavity left by it, from small collateral vessels opening from the sides. From this time he grew weak rapidly and in twenty-four hours was "*articulo mortis.*"

## NO. 7.

### Diseases of the Joints, Ostitis Ligamentis and Synovitis.

Custom, I presume, have given rise to certain terms signifying a morbid condition in or about a joint, and these terms are used, I am sorry to say, promiscuously by the profession and laity, without a definite idea of their application. Such a term as joint disease is ridiculous without giving an intelligent expression of a correct and direct pathological lesion—for instance, white swelling.

Arthritic tuberculosis and rheumatism of the joints have been applied to almost all forms and stages of joint affections.

There certainly may be such morbid conditions present to which these general terms are applicable, but it is only where the morbid process of the disease is in its advanced stages and all the structures entering into the formation of the joint are involved. In the earlier stages it is no more proper to say inflammation of a joint than to say inflammation of the heart or lungs. Diarthroidal joints are more frequently the seat of disease than other joints. Diarthroidal joints that admit of the greatest degree of motion and suffer the greatest amount and exercise are certainly more liable to be affected. It is conceded that diseases of joints in its primary forms originate from some form of injury. Now, if this be true the disease must originate in the structure of the joints, which are capable of receiving the injury, such as might cause the disease, unless it originate without the joint, and by its persistent advancement extend to and involve the joint in its course. As we know diarthroidal joints have the same general plan of arrangements, each one is furnished with articular surfaces of the bones bound together by ligaments and the ligaments

are lined by synovial membrane are the principles, structures entering into the formation of joints and in one or more of these tissues the disease must develop. If from any cause we have the development of disease in the articular surface of a bone, and prefer to call the disease osteitis of the joint. If it originates and develops in the ligaments, call it ligamentitis of the joint; if in the synovial membrane synovitis of the joint. Always be particular naming the joint in which the disease is located.

Diseases of joints are seldom constitutional, they originate and develop a local trouble, but it matters not what the stage of advancement, the disease is influenced by the general condition of the patient. If the general condition be one of perfect health the tendency of the disease is to early termination. Of course if the patient be tubercular, scrofulous, rheumatic, syphilitic or any other morbid condition of the blood, the course of the disease may be greatly influenced by the constitutional taint or predisposing tendencies. Inflamed joint tissue, either acute or chronic, seems to be favorable to the development of tuberculosis provided the patient be of tuberculosis diathesis. As soon as there are the characteristic of inflammation present, the spores of the bacilli which are floating in the circulation are ready for development, and in osteitis of a joint, unless the inflammation soon subsides, the little haverian loops and the lacuna are stuffed with tubercles and as the process continues there is an accumulation of tubercles and bone cells which completely changes the articular portion of the bone. This condition has been called fungoid by some surgeons. I prefer the term tubercular osteitis of the joint. If the inflammation be confined to the ligaments, there is also a probability for the development of tubercles about their margin giving rise to a continued course of a disease called tubercular ligamentitis of the joints, and synonymous with excessive effusion the thickened membranes and the hypertrophied fringe like projections, we have a most excellent field for rapid de-

vement of tubercles. I wish to term this morbid condition tubercular synovitis, and patients who are of a scrofular diathesis from loss of vitality, with its peculiar tendency towards a low grade of inflammation and sloughing, the joint disease shows signs of scrofulula, instead of the disease subsiding as in some other form of joint troubles, suppuration is more quickly established and the pus burrows, forming sinuses which continues to discharge for extended periods. A rheumatic or gouty diathesis often greatly influences the course of joint diseases. The blood of a rheumatic is loaded with irritating properties termed, urates which are carried in abundance to the inflamed joint tissue and during the course of the inflammation urates of lime and soda are there deposited. If the patient suffers rheumatic osteitis of a joint the urates are deposited in the ends of the bones, thereby shutting partially off the circulation and robbing the cartilage of its true nourishment, causing it to atrophy or undergo calcareous degeneration, the ends of the bones soon rub together and at the point of friction there is a wasting away of the bones, while at the margins or the wearing surfaces there is a proliferation. Rheumatic ligamentitis of joints is perhaps the most common of all joint affections. As soon as the ligaments are inflamed they thicken from lime deposited and finally they degenerate into a cartilaginous elastic tissue.

In studying the pathology of any of the joint affections the history of the patient must be well taken into consideration. Hereditary history of the disease in the patient, symptoms of organic lesions or of acute diseases in the system must be carefully studied in order to assist to the true pathology of the case. Physical examination will often confirm and verify an opinion, especially if the disease is well advanced. If suppuration is established an examination of the discharge and of tissue about the point is of great importance.

When we have fully decided as to the predisposing tendencies of the individual's system, then we are prepared

to understand the pathology and etiology, make our diagnosis and enter upon the treatment, not until we have examined our patient thoroughly and ascertained the anatomical structure involved can we treat these affections scientifically.

J. N. D. CLOUD, M. D.

Newnansville, Fla., April 5, '96.

**NO. 8.**  
**MUCOUS COLITIS.**

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**MR. PRESIDENT AND GENTLEMEN:**—Mucous Colitis is a not uncommon disease that is known by various names as membranous enteritis, chronic intestinal catarrh, intestinal dyspepsia and tubular diarrhoea.

It is essentially a chronic disease, and may exist for years.

The clinical history is about as follows: Abdominal pain, lasting from one to three days, followed by diarrhoea and the passage of flakes or strings of mucus, sometimes by definite casts of the bowels. These attacks vary in frequency of from a week to a month or more, and the longer the disease persists the more frequent and severe the paroxysms. The mucous coating over the wall of the intestine retards absorption and the mucus acts as a ferment on the other contents of the bowel. From the formation of gas the abdomen becomes tense, the diaphragm is pressed upwards and respiration is impaired. The circulation of the blood is also interfered with and causes congestion of other organs, especially the brain. Mental disturbance as hypochondriasis and melancholia are common. Owing to the imperfect performance of digestion, the evacuations are variable in character. As a rule they contain undigested food. Mucus in greater or less quantity is always present. Constipation and diarrhoea alternate with great regularity in some cases. Women are said to be more liable to this disorder than men, but my experience is to the contrary. Regarding the pathology of this disease but little can be said at the present time. There is a hyper-activity of the mucous glands of the colon, due to some unexplained cause.

From the clinical history, and repeated examinations of the stools, there is no difficulty in forming a correct diagnosis.

The treatment is local and general, and good results may be anticipated. My practice has been as follows: Irrigate the colon with water at a temperature of 108 F. and follow at once with an enema of a solution of nitrate of silver, one or one and-a-half grains to the ounce. The enema to consist of from thirty to forty fluid ounces. Repeat in from forty-eight to sixty hours. In ten or twelve days give another course of the same treatment.

As the injection of nitrate of silver is sometimes very painful, it is well to be provided with appropriate remedies. Flatulence is an almost constant and distressing symptom. For this I have found nothing better than salol in ten grain doses three times a day. It should be given in the form of powder. Pills or tablets of salol are apt to pass through the intestines intact. I have no set formula or prescription that I use in every case, but ordinarily give a mixture composed of tincture of nux vomica, quinine and dilute phosphoric acid before meals, and Fowler's solution in small doses after meals. It is essential that the diet should consist of food that may be easily digested and is nutritious. Change of air and scene is of benefit in many cases. With proper care and treatment, recovery is the result in a majority of cases. It may not be out of place to give a word of warning, regarding the use of morphia or opium in this disease, as from its painful nature patients are liable to contract a habit that is as hard to overcome as the disease itself.

In conclusion, I wish to say that text-books and journals of the present day give little or no information on this subject. Osler devotes less than a page to its consideration. If others have mentioned it, it has escaped my notice.

I thank you for your attention.

HENRY K. DU BOIS.

**NO. 9.**

**HYGIENE—THE HYGIENE OF SURGERY.**

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Hygiene consists in the application of practical sanitation to individual and public health. The name is derived from the mythology of the ancient Greeks, amongst whom, "Hygeia" the daughter of "Esculapodus" was worshiped as the Goddess of health. Hygiene is so ancient, that neither memory nor tradition, run to the contrary; it is coexistent with man; its principles have been inculcated in all ages; they are found in the teachings of Buddha, as well as in the pages of the Kohran. Moses, the law-giver of the Israelites, embodied them in his code, and they became a part of the religion of God's chosen people.

From earliest history, to the present time, the violation of its requirements, has always been followed by disease, pestilence and death, and so long as the logical relations exist between cause and effect, this will still continue to be the case.

Philosophers have cast the cathodic rays of an advanced science upon all things in the universe, and have revealed that the food which we eat, the water we drink, the earth which we inhabit, and the very air we breathe, are all filled with noxious vapors and gases, particles of animal and vegetable matter, and various organisms of bacteria, which are constantly finding access to the human system, and endeavoring to aggravate and multiply the ills which the flesh is heir to, whilst the inherent force of the human system, the "vis medicatrix naturae," keeps an eternal watch within the fortress, and wages constant warfare against the cohorts of disease which so persistently assail us, until we finally succumb

to their insidious attacks, or worn out with the vicissitudes of life, lay our bodies to rest in the arms of mother earth, and go to unravel the mystery of the great hereafter.

Hygiene is really but the application of sanitation to nature, for the prevention and eradication of disease, and a nations advancement in civilization, can be well guaged by its advancement in sanitary science.

The main requisites of sanitation are, that a uniform temperature should be kept in our habitations, that the body should be so clothed as to keep up a comfortable temperature, that we should pay a due regard to asepsis and antisepsis, that the air we breathe should be pure, and the water we drink, and use for bathing purposes, should be uncontaminated, that our food should be of good quality, and prepared in an appetising manner, that both our mental and physical faculties, should have sufficient daily exercise to keep them in a healthy tone, and that about eight hours out of the twenty-four, should be allowed for rest and recuperation.

The hygiene of surgery consists simply of the application of the principles of sanitation to that science. I will give a brief account of two cases as illustrations. I was called in a short time since, to attend a girl named Rebecca Dimry, aet. fourteen years, suffering from a compound comminuted fracture of the middle third of the humerus of the left side, caused by a gunshot wound, the gun being charged with small shot, and discharged at short range. I saw her one month after the accident, and the wound had received no dressing in that time, except the application of Alligator oil, which had been applied in the Ten Thousand Islands, where the shooting was done.

I immediately asepticized the wound, using soap, carbolic acid and a soft sponge. I found the arm shortened more than two inches, the ends of the fractured bones lapping, with adhesion, the biceps muscle, and, in fact, two-thirds of the muscular tissue of the arm torn entirely through, the elbow joint flexed and rigid. I administered chloroform, broke up the adhesions of the bones, straight-

ened out the arm to its normal length, and bandaged it from the tips of the fingers up to the axilla, leaving an opening at the seat of injury, using carbolated paste-board and starch bandages. I then applied a soft sponge compress, saturated with a solution of carbolic acid ; this dressing was changed every three hours in the day time, and just before retiring at night, and was kept up for three days, when, upon making an examination, I found a section of the humerus, entirely detached from the rest of the bone, which I removed, with several small pieces, making an exsection of the humerus, fully one inch in length, carefully detaching the bone from the periosteum, which was done without any difficulty, profuse suppuration making the matter easy. I then applied a daily dressing of a saturated solution of camphor in carbolic acid, (campho-phenique.) covering the same with rubber adhesive plaster, and applying a roller bandage. At this time, I found it more satisfactory to remove the starch and paste-board bandage from the elbow to the axilla, and each day, when the dressing was put on, to apply splints of light wood veneering, confined by roller bandages ; this was kept up for six weeks, (one week ago,) when I removed all splints and bandages, and since that time, have been simply applying the campho-phenique dressing, by means of a camels hair pencil.

At this time, seven weeks since I took the case, bony union has taken place without shortening ; the patient can support the weight of the arm when lifted from the hand ; the wound has entirely healed, except two small spots about the size of the little finger nail, which are covered with soft scabs ; the patient can open and shut the hand, rotate the fore-arm and partially flex the elbow joint, and the prognosis for a useful arm is decidedly favorable.

#### AN OBSTETRICAL CASE.

A few weeks ago, having been notified by a Mr. Sawyer, that he intended to have me attend his wife in her approaching confinement, I called at the house, con-

versed with the patient, and after giving explicit directions as to all sanitary precautions, took a specimen of the patient's urine, which I examined without finding anything abnormal. I was sent for a few nights afterwards, and after using an antiseptic wash upon my hands, made an examination and found that the os was just beginning to dilate. I immediately thoroughly asepticised the parts, and washed out the vagina with a solution of warm water and carbolic acid. Whilst waiting, I made some ligatures of silk, and moistened them with campho-phenique. I thoroughly asepticiqued my hands, each time I made an examination, which I did about every forty minutes; the labor progressed favorably, with an occipital presentation; at the time that the head made its appearance, I supported the perineum with the hand, to prevent rupture, and upon its passage, I made a rapid digital examination, and finding two loops of the cord around the child's neck, removed them by lifting them over the head. Immediately upon the birth of the child, I made an attendant exert pressure upon the abdomen over the uterus, whilst I moved the child from its position betwixt the mother's knees, and proceeded to ligate the cord in two places, one immediately at the umbilicus, and the other about two inches distant, then, whilst protecting the cord with the fingers of the left hand, to prevent injury to the child's fingers and toes, I severed it about one-half an inch outside the ligature at the umbilicus, and wrapping the infant in a soft warm piece of old flannel, prepared for the occasion. I passed it over to an attendant to wash, while I proceeded to deliver the placenta, which I did after thoroughly anointing my hand with antiseptic oil, introducing it well up into the fundus, firmly grasping the placenta, and bringing it out with a twist. I immediately reintroduced the hand, and scooped out all of the clots and debris left in the womb. I then placed a bed pan under the patient, and inserting a bent hard-rubber tube, about eight inches long, connected with an ordinary bulb syringe, into the uterus, irrigated it with hot water and carbolic acid, until the water came away with-

out being colored. I then put a bandage firmly around the patient's hips, and taking the child from the woman, who by this time had washed it, I squeezed all of the moisture out of the end of the cord, and wet it with cam-pho-phenique, and placing a compress of soft cotton cloth on it, confined it with a bandage about three inches wide.

The advantage of the immediate delivery of the placenta, and antiseptic irrigation, as well as the short cord, and antiseptic compress, are too apparent; there is nothing left to putrify and cause septic poisoning.

I thoroughly syringed the uterus with an antiseptic warm wash, for four days, when finding the discharge sweet, and natural, I discontinued it, but kept up the dressing of the funicle until I stopped visiting the patient at the end of nine days. The mother and child both did well.

I have pursued this plan, for over thirty-five years and have never seen cause to make any change in my practice.

J. V. HARRIS, M.D.  
Key West.

**NO. 10.**

**PUERPERAL ECLAMPSIA.**

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R. B. BURROUGHS, JACKSONVILLE, FLA.

A woman engaged in the act of bringing a child into the world, is not by the performance of that act a sick woman; but from deformity, disease or the ignorance of her professional guide, her future health may be jeopardised, and her life endangered, not the least, perhaps the greatest peril that may assail her is convulsions and I know of no circumstances in which death comes in guise more appalling to friends, family or physician. Many years ago I had an experience which impressed me profoundly and which will never be effaced from my memory. I was called to see the wife of a man whose confidence I possessed. I found her about eight months advanced in pregnancy, weak, anaemic, and with œdema of feet and ankles, and other indications of albuminuria. After about eight days of treatment I told her husband that her life would be seriously endangered by the act of labor, and advised a premature delivery. Unwilling to assume the great responsibility of the act alone I insisted upon and obtained the counsel of an able and experienced physician. It was advised to await further developments. In two weeks labor came on, accompanied by the most fearful convulsions. The labor was brought to a most speedy termination and morphine, bromides, chloral, chloroform and the lancet, in fact everything known to either of us put in requisition; but to no avail, and the patient died. I had had other cases of puerperal convulsions when the heart of the bravest and strongest would have been appalled, but death had been averted. I will not weary you with their narration. Case second was called to see

Mrs. H., her husband stated that an electric with whom I refused to consult had been in attendance for several hours. I could not respond until three hours after, when I found a breech presentation, another physician awaiting my coming, the woman had been having convulsions and was then having them every fifteen minutes; was absolutely black in the face, which was turgid beyond recognition, we turned and delivered by the feet at once; but the patient remained comatose for hours, and then recovered, God is good, to *Him* be the praise.

Case third was sent for to attend Mrs. B. in her first confinement, found her in labor, face waxy and pale, feet and ankles swollen and oedematous, excited and nervous. Patient had been advised by a sapient counsellor against the use of chloroform, delay consequently in obtaining it, after an unusually violent pain, a severe convulsion came on, administered chloroform and delivered her with forceps, without a moments delay, had one more convulsion followed by coma, so long continued that I feared some cerebral artery had been ruptured and a clot formed, but finally regained consciousness. On January 31st of this year attended same lady in her second accouchment. For a month or two previous she had some pains in the lumbar region over the kidneys, and some swelling of feet and ankles, with pale face and hands. For a long time after first labor had given her pepto mangan and other forms of iron, and for two months previous to labor a prescription composed of act. potass, chloroform, tinct. digitalis, infus buchu with a gentle laxative occasionally and the free use of water, these means improved her condition, and post or propter hoc the swelling subsided, and not until labor was nearly completed did any danger signal appear, when she suddenly cried out: "Doctor, I'm blind, I can't see. I'm blind." Ah! how well I remember the teachings of that great Master at whose feet I sat in the long ago, that man who came nearer being a genius than any man I ever knew save the immortal Simms "bleed her, bleed her quick." It has become the custom now to accord higher accomplishment to those who have

had the teachings of foreign masters ; but the brightest stars in the firmament of medicine are those whose rays shine on the continent of America, McDowell, Meigs, Simms, Gross and a host of others, the bright scintillations of whose intellect will shine on the ages and illumine the hidden paths of scientific spheres, become unfashionable to bleed now, but I removed the pressure from the abdominal veins by taking away the child, and by that means and with chloroform, chloral and bromides depleted the congested brain, and she narrowly escaped convulsions ; we of course admit that in chronic disease of the kidney, the disease itself will produce cerebral anemia ; but we are discussing puerperal convulsions where the violent muscular efforts of labor, and the increased heart pulsations forces a greater volume of blood upon the brain and the pressure of the foetus upon the abdominal veins prevents its return, and we have cerebral *hyperæmia*, a larger volume of blood and blood too loaded with morbid material. We err, therefore, in discarding the lancet. Dr. I. Sutton Davis in a most excellent article on Puerperal Eclampsia in the Virginia's Medical Monthly, of December, 1895, says he can always control the convulsions by giving veratrum veride hypodermically, twenty or twenty-five drops in the first dose, reports six cases where he has succeeded in doing so, and "states that forty-three cases have been collected where the drug has been administered without a single death" or a failure to stop the convulsions, and that when the pulse can be kept below sixty there will be no convulsions, *admirable results* ; but *nota bene* he further states "that when the convulsions develop at a period *remote* from the end of gestation this plan should be adopted and the patient watched ; but should the several functions *not* be reestablished by treatment in ten or twelve hours, the os should be dilated and the uterus emptied of its contents, but I have cited cases, and perhaps all of you have had experience with them, when the convulsions were synchronous with labor, and did not appear until the labor began. From our experience, study and reflection, I have arrived at the conclu-

sions that when in a pregnant woman I find oedema of the lower part of the abdomen or other part of the body, or of the feet and ankles, that there is serious disorder of one of three organs, whose healthy function is necessary to life, the heart, the lungs and the kidneys, whose powers will be seriously taxed, jeopardising the life of the woman by the parturition of a full grown foetus, I find no disease in the two first mentioned organs or even if I do, I examine the urine every three or four days, if I find albumen or any other deposit indicating serious disorder of the kidney I place the patient upon the treatment indicated for its relief and if unsuccessful I after conference with an able and experienced accoucheur avoid the terrible issue by the induction of premature labor.

**NO. 11.**  
**DYSMENORRHœA.**

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ROBERT CLOUD, M. D.

The subject on which I wish to present a few thoughts is, Dysmenorrhœa, or Painful Menstruation.

It is a condition which probably receives too little attention or consideration by our grand professors.

I wish in this paper to deal principally with pathology and treatment. Thomas says a general rule dysmenorrhœa is due to one or more of three factors.

First. A depreciated condition of the constitution, beginning usually in the nervous system, or blood, which creates a tendency to neuralgia. Second, an abnormal state of the uterus; or third, a diseased state of the ovaries. In a woman with nervous system, uterus and ovaries healthy, it is highly improbable that this condition would ever arise.

Any one of these conditions separate, or all three combined, may produce it.

We should be very careful in our examinations from this standpoint and adopt a treatment governed by the condition discovered in existence.

For convenience this condition—dysmenorrhœa—is divided into neuralgic, congestive or inflammatory, obstructive membranous and ovarian. Thomas, in reference to the seat of pain, says: "Our knowledge is not certain; though in the three first varieties it is probably seated in the uterus, ovaries, or in the cellular tissue or peritoneum surrounding the pelvic visera

Some of the most intractable cases have been due to pelvic peritonitis, which after inflammation subsides, leaves the nerves supplying these parts so sensitive that inflammation styled menstrual pelvic peritonitis is excited in them by the process of menstrual congestion. We are to regard dysmenorrhœa as a condition dependent upon some abnormal process which has been set up in the economy. Ascertain the cause of this disturbance and apply our treatment accordingly.

#### NEURALGIC DYSMENORRHœA.

This form of dysmenorrhœa is said not depend upon an appreciable organic disorder of the uterus or its appendages, but upon that peculiar sensitive state of the nerves which produce pain under the stimulating influence of congestion.

Many agencies at times so alter the normal state of the nerves of the stomach as to cause in them at each period of digestive pain, termed gastralgia, or gastrodynia, agencies of like character may cause neuralgia of the eye or those supplying the head and face; likewise the uterus nerves may be affected from menstrual congestion.

#### SYMPTOMS.

Pain may begin before the flow has been established and subside as soon as it comes on, or it may continue with varying intensity until it disappears.

In some cases the patient is seized suddenly with intense pain, lasting probably a few hours, then suddenly abate and during the remainder of the period suffer very little, and in the intervals of menstruation no physical signs of inflammation.

Since the congestive form of dysmenorrhœa congestion occurs in the mucous membranes of the fallopian tubes and uterus as well as in the ovaries and, probably, to a less degree in all of the pelvic tissues; any abnormal influence which renders this excessive will naturally produce pain in the nerves between the distended vessels. Hypæremia thus excessive may result from a mechanical

cause, as displacements of the uterus. The inflammatory state so altering the condition of nerves immediately affected by ovulation or menstruation may exist in or around the uterus, peritoneum covering it, the ligaments which sustain it, or in the areola tissue of the pelvis.

Many cases of this form of dysmenorrhœa are caused by inflammation of the utero mucous membrane, but disease of this part causes, perhaps, but little pain until menstruation occurs.

Dysmenorrhœa now shows itself being preceded by great local excitement. Pelvic inflammation of almost any kind may produce it, or any influence exaggerating or prolonging congestion excited by ovulation. Indeed, the whole economy suffers from the abnormal temperature produced at these monthly periods. I have had opportunity recently to examine some cases which had several degrees of temperature—abnormal. These sufferers are grateful patients when we administer to their relief. Let us, therefore, be careful in our work along this line—as in all others—restoring by every available means to the normal condition, for these periods make their return with dread to the patient. Again let me say be diligent; study carefully the interest of every patient and help them to that condition whereby the elasticity of step and buoyancy of spirit will be revealed to us the success of our efforts.

I will now endeavor to give a line of treatment, some of which recommended by others. Part of the treatment I have tried, part I have not, but think it rational, and, therefore, will recommend it for your consideration.

I have but partially covered the field, but will stop for the present. Neuralgia. Oliver, in Universal Medical Science, recommends large doses of the bromides, especially the three salts in combination, potash, soda and ammonia given every night at bed time, between the periods midway, and five grains of antipyrine every hour, beginning as soon as the pains are felt and kept up, if necessary, till six doses are taken. He condemns dilata-

tion, opium and hot alcoholic drinks for the relief of this affection. For the very severe pain over the hypogastric region chloroform locally generally acts promptly, giving great relief to the sufferer. Hot hip baths and injections per vaginum of hot water can be used with benefit. Narcotics, aletris, helonias, the viburnums, senecia aureus and pulsatilla are efficient remedies, and in some cases the coal-tar preparations are indeed useful.

Smith, in Universal Medical Science, in his treatment of dysmenorrhœa resulting from endometritis, which nearly always follows this affection, says: "The most efficient treatment is that which is successful in curing the endometritis, cure of habitual constipation; removal of obstacles to the pelvic circulation by hot injection as before mentioned, and tampons of glycerine and boracic acid. He differs here from Oliver, and recommends rapid dilatation, curettage application of the galvanic current, either internally by the abdomen, or by the sacro-vaginal method, to tone up the vascular system of the pelvis; and most important of all intra-uterine application of a mild galvanic current with the negative pole.

After a complete trial of all methods, some of which gave him successes and others failures, Smith declares that the negative pole cures endometritis and dysmenorrhœa when all rational means enumerated above had failed.

NO. 12.  
**CURETTAGE OF UTERUS.**

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BY DR. R. A. LANCASTER.

I know of no more important subject to the gynaecologist—especially to that large class of physicians who must be both gynaecologist and general practitioner—than that of curettage of the uterus.

Dr. Wm. R. Pryor, of New York, has done more to make this operation popular than any other writer. His advocacy of the operation has been so emphatic, and his rules for operating so plain, that any one reading his papers must be struck with its wide range of application.

We read in a standard work on gynaecology of as late a date as 1887: “The sharp curette should be reserved for the destruction of hypertrophied glands of the cervical canal and those rare instances of diseased upper endometritis, where, *after repeated failure with the dull wire instrument*, a more powerful suppression and thorough removal of hypertrophied mucosa are necessary.. Never should the sharp curette be selected to initiate treatment unless it be for the removal of sarcomatous growths.”

Dr. Pryor contends, on the other hand, that, “The only treatment applicable to acute or chronic septic endometritis when complicated by disease of the addenda or peritoneum, is curettage. Whether the septic condition follows treatment, operation or abortion; whether it accompanies cancer, polypi, fibroids or other neoplasm, yet must the septic uterus be cleaned out with the sharp curette before any other treatment is instituted.

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If infection follows plastic work upon the cervix the sutures should be removed and the uterus curetted and packed with Iodoform gauze. Blunt curettes are useless for such work. If a surgeon must use such because of the supposed danger attached to the sharper instrument he should not attempt the operation at all.

In septic cases, at least, the fancied safety of the dull curette, apart from its inefficiency, is a delusion, because it scrapes off and wounds the epithelium and softer external parts of the mucosa without going deep enough to remove the cocci and other septic germs.

The dangers of the operation, when properly done, are almost nil. Indeed, the intra uterine applications, as usually done in the physician's office, are much more likely to be followed by bad results than is curettage, done with due antiseptic precautions.

In the score of operations, that I myself have made, there have been only two cases where there was failure to obtain decided relief from the symptoms demanding operation. These two cases were not materially relieved of the ovarian pain and tenderness from which they sought relief, though even these cases were cured for a long while of a profuse irritating leucorrhœa. Other cases with like symptoms have been cured by the operation. Indeed, it has been a pleasant surprise to see what a large proportion of cases, which we have heretofore thought could be cured only by abdominal section, and removal of the adenda, will get well after a curettage.

Dr. Pryor lays it down as a rule that in every case requiring abdominal section for septic ovaritis salpingitis, or pelvic peritonitis, should be preceded by a curettage. He claims, and my experience coincides with his, that a large proportion of these cases will get well without further operation.

Some of the indications for curettage are :

First. All those cases of persistent leucorrhœa with tender and subinvoltuted uterus.

Second. For dysmenorrhœa in young girls and maidens, where, in spite of internal remedies, two or three days out of each month must be spent in bed, and where an undeveloped and oftentimes flexed uterus is found.

Third. For barrenness, where the fault is plainly with the woman, and no tangible cause exists for failure to conceive.

Fourth. In all cases of menorrhagia, whether from fibroids, polypi or other neoplasm—especially in the menorrhagia occurring at “the change of life,” and which is not quickly amenable to other treatment.

Fifth. In all septic diseases of the uterus or its appendages, whether following accouchement, abortion, operation or gonorrhœa—whether the inflammation be acute or chronic, curettage is indicated—and the earlier the better.

**Report of cases.** I report a few cases I have operated upon, showing the wide range of application :

Case 1. June, 1893, T. W., colored, age twenty-three, had contracted gonorrhœa and for two weeks had been bed-ridden, suffering with high fever and great uterine and abdominal tenderness—requiring heavy doses of morphine to control pain. The symptoms were so severe as to make me fear peritonitis. About this time I first noticed Dr. Pryor's able article on curettage, printed in “New York Medical Record.”

I determined, with the patient's consent, to curette. After thorough preparation, as hereinafter described, patient was chloroformed and uterus dilated, curetted, washed out with corrosive sublimate solution and packed with Idoform gauze.

The fever and pain did not disappear at once, but was never again so severe as before the operation. On the third day I removed gauze, used antiseptic douche and repacked uterus. This packing was removed three days later, by which time pain and fever had all dis-

peared, and patient was discharged on tenth day after operation, cured. She returned to her wash-tub and other business, and for at least twelve months afterwards remained well, after which time she removed from Gainesville and I have never heard more from her.

Case 2. Mrs. W., white, aged twenty-two. Had been married three years. There had been one conception a few months after marriage, which had miscarried at four months, since which time she had suffered from profuse menstruation, backache, headache, nervousness, indisposition, and general irritability. I operated as before, and at the end of ten days patient was in better health than for years, though a few more applications of Churchill's Tr. Iodine were applied to cervix, at five days interval, before patient was discharged cured.

Case 3. Mrs. L., white, aged twenty, married one year, no conception. Little or no local irritation, but great pain at menstrual period. Examination revealed small antiflexed uterus only two inches in depth. I operated as before, removing the entire endometrium, and keeping uterus packed for a week with Iodoform gauze. Next menstrual period, as all since, normal and painless. Six months after operation, examined uterus and found depth increased half an inch with flexure practically relieved.

Case 4. Mrs. O., white, aged twenty-six. Had been married two years and "had never seen a well day since," suffered continually from profuse irritating leucorrhœa, and great pain and tenderness of all the pelvic organs—defacation painful, micturition painful and involuntary, coitus out of the question. I curretted and packed as in above cases, but on account of irritable condition of bladder, packing became soiled and had to be removed next day. This patient had a more tedious recovery than the others, but after a number of applications of Churchill's Tr. Iodine she was discharged practically cured. I wish I could read a letter to you, received some three months later from the grateful husband, saying that his wife was

like a different person—was happier than he had ever seen her—regretting, however, that he was still unable to send remittance.

I could go on relating cases, but these suffice.

*Technique:* I will now give the technique of the operation, as I have followed it for some years. I have misplaced Dr. Pryor's paper on the subject, so cannot say that it is just as he advised. The instruments required are also here for your inspection.

The same care should be exercised in preparing for this operation as is observed when an abdominal section is contemplated.

The day before currettement, I have prepared, by boiling in a 1-2000 solution corrosive sublimate, two sheets and half a dozen each of towels and sanitary napkins. These are dried in the rough, and rolled up for use when needed. The patient is directed to take some purgative—nothing better, in most cases, than calomel and soda at bed-time—followed next morning by a seidleitz powder or dose of salts, and a few hours before operation a copious enema is ordered and patient directed to take a soap and water bath.

If the operation is to be performed in afternoon, let patient have light breakfast of such articles as have little or no residue, and allow no dinner.

The instruments needed (and exhibited here), are rubber cushion for placing under patient to conduct water used in washing out uterus and vagina, to a receptacle under the table; a fountain syringe with long slender nozzle which can be introduced into the uterus; two uterine dilators—a small one for starting the dilatation when os is small, and a larger corrugated instrument : this one is Goodell's and is a very satisfactory instrument; a large and small sharp curette; a double tenaculum for pulling down and steadyng the uterus; a short-bladed bivalve vaginal speculum; an applicator; a long-handled probe-pointed bistery for incising canal when much stenosis ex-

ists, and a cervical speculum through which to pack uterus when contraction is so firm that the gauze cannot be readily passed through cervical canal without it. This last is more especially useful for second dressing when no anaesthetic is required and the dilator cannot be used.

In addition to these we need a leg-holder, Iodoform gauze, sterilized sheets and towels, plenty of boiled water, both hot and cold, ready prepared pitchers of corrosive sublimate solutions of the strength of 1-2000 or 1-3000 for replenishing fountain syringe, and a pint of a saturated solution of boracic acid which I prefer to use before packing the uterus.

Everything being now in readiness, the hands of the operator and assistant having been made aseptic, the patient is placed upon the table in lithotomy position and the leg-holder is applied.

While the anaesthetic is being administered, the vagina, vulva and adjacent parts should be well scrubbed with etherical antiseptic soap, then with corrosive sublimate solution.

It will be well to use a long narrow brush, such as jewellers use, to scurb out the vagina, turning brush round and round while the sublimate solution is being thrown in, thus disinfecting the vaginal rugæ which might otherwise remain septic.

The instruments, having been thoroughly boiled in solution of sal soda, are now placed in a tray and covered with a five per cent (5) solution of carbolic acid, into which every instrument which is expected to be used again is replaced when not in the surgeon's hands.

The patient being now thoroughly anaesthetized, the short, wide-bladed vaginal speculum is introduced and the anterior lip of the uterus is seized with the double tenaculum and drawn well down and given to an assistant who is to hold it, steadyng his or her hand against the pubic arch. The smaller dilator is now inserted, and cervix dilated sufficiently to permit of the introduction of

the larger stiff corrugated instrument. The cervix is now cautiously dilated, relaxing the pressure and rotating the instrument so that the force is exerted in every direction. The dilatation should be carried to the extent of an inch or more, for by dilating thoroughly we are less likely to have sympathetic contraction with expulsion of gauze dressing.

If there is much stenosis, it may be necessary to incise the canal on each side.

The dilatation being now complete, the douche of corrosive sublimate solution should be used, followed by the curette.

As large a curette as can be readily introduced into the uterus is now used, and holding the instrument very much as you would a fork at the table, with thumb and fingers, you draw it with gentle pressure from fundus to cervis, going systematically over the whole inner surface of the uterus and repeating it until the rough elastic feel shows that all the soft diseased endometrium has been removed. Use again the hot sublimate solution, washing out all the blood and debris, and then with a smaller instrument curette the openings of the tubes and lateral angles of the uterus.

After you are reasonably sure that every part of the diseased endometrium has been removed, use dilator again as uterus will likely have contracted from first dilatation. Pouring now a saturated solution of boracic acid into the fountain syringe let it flow through the cavity of the uterus until all bleeding ceases—the vagina, vulva and adjacent parts are to be well rinsed with the same solution and the whole field covered with sterilized towel. Dry out the uterus and vagina with a piece of Iodoform gauze, then pack uterus with a strip of the same material one inch wide and one yard long. This can be done with or without the cervical speculum. Where there is much flexure or contraction, or when the canal has been incised the speculum will facilitate the intro-

duction of the gauze and would save the packing from getting bloody while passing over the cut surface. Carry the end of the gauze well up into the fundus, and packing it in with the applicator see that the coronea are firmly packed and filling the uterus snugly, leave an inch or more of the gauze protruding from the uterus.

Place a wide piece of the gauze against the cervix, filling but not stretching the vagina. Remove speculum and place a piece of borated cotton over vulva and hold in place by sterilized napkin. This the patient removes when soiled by the oozing which always follows, or when necessary to attend to nature's calls, and replacing with a fresh napkin. That part of patient's body which has been lying in rubber cushion should now be wiped off dry and patient placed in bed before recovering from anaesthetic.

It may be necessary to give a hypodermic of morphine and atropia to quiet the pain which is usually experienced when patient first awakes, after that there is rarely any need for opiates.

About the third day after operation, or as soon as the discharge shows that the packing is soiled, the patient is again placed upon the rubber cushion, dressing removed, the antiseptic douche employed, and the uterus again packed with gauze. An anaesthetic is not required for this. This second dressing is to remain for from two to four days, when it must be removed and douche again employed. The patient to be kept in her room, but not necessarily in bed for at least a week after the operation and for a month or six weeks everything tending to cause uterine congestion is to be avoided.

Probably the best time to curette is a week or ten days after the menstrual flow, but if the treatment is for menorrhagia the hemorrhage need not delay the operation, but on the contrary should hasten it.

In my hands this operation has proven a safe and efficient remedy for some of the most intractable forms of uterine irritation.

Gainesville, Fla., April 6th, 1896.

NO. 13.  
NEPHRITIC CALCULUS—A CASE.

Oct. 20, '95.

Mrs. E. S. aged 38. When called was suffering very sharp pains over region of the left kidney, vomiting, frequent micturition, restlessness, constipation.

Suffered a similar attack two years previously. In each attack the urine was normal in appearance until the crisis, and each passage very painful.

Gave opium per stomach, applied belladonna over kidney, when pain subsided, gave mur-pilocarpine; at end of one hour there was a passage from the kidney of about six ounces, containing some blood, puss and urine; this continued for five days and case discharged. I could not obtain any crystals or calculus.

December 14th, same patient came to my office by train; was suffering all the former symptoms, but greatly aggravated in every way; had suffered then ten hours, vomiting and micturating about every fifteen minutes. After trying many things for vomiting, resorted to chloroform inhalation, when patient somewhat quieted. Made an examination. Over left kidney there was noticed a swelling, very tender, a doughy feeling, quite a contrast between the regions of the two kidneys. Applied F. E. Belladona, drags ii on cotton over the two kidneys, over this a large, hot bran poultice, gave F. E. deodorized opium drags i, oil peppermint gts, Bismuth Sub. carb. gr. xx, digitalis, grs. iii, and continued the chloroform for two hours. Passed urine about every hour. normal in appearance, but occasional increased pain; this, I believe, came from right kidney. At this time pain subsided and rested quietly for fourteen hours, when a return of symptoms; less pain but more restless, for two hours; then a seeming collapse—pallor, feeble pulse, cold perspiration, chill, lowered temperature. I feared a rupture of the capsules of the kidney. Patient expressed symptoms

of pain passing toward the bladder, but examination could not be borne. I gave above treatment in increased dose, just double in amount, renewed the chloroform inhalation, and waited two hours and no change noticed for the better. Then gave half grain muriate of pilocarpin, at end of forty minutes no improvement, no noticeable effect of the pilocarpin. Then administered 1-15 gr. sulph. strych. hypodermic, F. E. Digitalis, gtt 5, alcohol one ounce. After twenty minutes a nervous rigor seized patient and a fall of two degrees in temperature; applied hot packs, raised temperature, pulse 120, at end of twenty minutes, temperature normal, pilocarpin acting in force, during rigor passed half ounce of urine normal in appearance; pain ceased in kidney but increased near bladder and on lying down fainted; on recovering was placed on vessel again and voided about four oz, which, on staining, showed three parts puss, two blood, one of urine; three more passages during four hours, passed in all, in the next twelve hours from first passage of puss 14oz in all, estimated amount of puss and blood 8oz; this continued for eight days in decreasing amount when both ceased.

On the 8th day the calculus I show you passed from the bladder. This weighs eight grains. You will notice on one edge of this stone a sharp crystal of uric acid. A few small crystals were observed to pass prior. I had close observation to find this stone; only a few small grains were formed same as the stone in substance. I am certain this stone passed from the bladder and the fine sharp crystal on the prominence of it cut the ureter and caused the hemorrhage and thus with pus and urine forced its passage into the bladder.

Patient made a slow recovery, two or three dark edematous spots occurred on left side of the body, were quite painful, lasting two weeks; also a harrassing cough at same time and duration. She has remained well since January 30, '96.

W. B. RUSH, M. D.

Oakland, Fla., April 1, '96.

**NO. 14.**

**A Case of Malignant Hematuria, Resulting in Complete Suppression of Urine.**

---

On the morning of December 22nd, 1895, I was hastily summoned to Mr. L., one mile out from town; on my arrival learned that he had had two chills within the past twelve hours and two hemorrhages from the kidneys. Examined patient, found temperature  $105\frac{1}{4}^{\circ}$ , full bounding pulse of 120, a dry, pallid tongue, with a very irritable stomach, and intense suffering with aches all over. Gave per hypodermic morph. sulph.  $\frac{1}{2}$ gr. and atropia sulph.  $\frac{1}{16}$ gr. for pains, and a full dose of ipecac and bicarb. soda, which soon relieved the stomach of a dark, bilious secretion, after which stomach and aches became more quiet.

Then gave 10grs. ea. of calomel and sodæ bicarb. on the tongue, followed with a little hot water, and had patient sponged all over with tepid water and soda every few hours, and gave 8 drops F. E. Gelseminum two hours apart till temperature went down to  $102^{\circ}$ , which was late in the evening of the first day.

Then gave per hypodermic 30grs. sulph. quinia in solution of sulphuric acid, as stomach was too irritable to retain it.

At 5:30 p. m. a third and copious hemorrhage passed without any pain or tenderness in the region of the kidneys.

Morning 23rd, saw patient at 9 a. m., passed only a fair night, bowels had moved freely, stomach still nauseated, tongue large, pale and dry, with a temperature of  $102\frac{1}{2}^{\circ}$ , pulse 96, skin quite moist, whites of eyes very much jaundiced.

Put patient on full doses of phos. sodium alternating with elix. lactopeptine, bismuth and strychn. every two hours, and gave per hypodermic 30grs. sulph. quinia. This, the second day 10 a. m., had no more hemorrhage.

Morning 24th, saw patient at 8:30 a. m., had a better night, temperature  $100\frac{1}{2}^{\circ}$ , pulse 78, stomach irritable, tongue about the same, had taken during the night a small quantity of beef tea and milk, no action of the kidneys since early morning of the second day, bowels a little full but soft with a tendency to move.

Examined bladder with a catheter, found only a few drops of bloody urine. Then put patient on a solution of potassii bitartras, with sp'ts nitrous ether and digitalis, ordered enemas of hot water, with hard rubbing over the kidneys with mustard.

Morning 25th, 9 a. m., passed a very good night, except occasional vomit and sick stomach, perspired freely, temperature  $98^{\circ}$ , pulse 78, skin and eyes very yellow, had no action from the kidneys, small action from the bowels.

Ordered a sitz-bath, hot enemas and sponging the whole body with hot vinegar, to be repeated once in six hours, and washed out bladder with warm water and listerine.

Morning 26th, 9:30 a. m., patient had a more comfortable night, but still had some nausea, temperature  $98^{\circ}$ , pulse 72, skin moist and not quite so yellow. Took beef tea through the night, had no action from kidneys or bowels, some tympanites, no pain or soreness back or front complained of.

Applied hot turpentine stupes to bowels and hot poultices to the kidneys, washed out bladder with listerine, gave hot water enemas.

Morning 27th, 8:30 a. m., apparently better, temperature  $98^{\circ}$ , pulse 72, skin moist, eyes brighter and yellowness fading, but tongue still thick, broad and pallid in front and dark at its base, with some sick stomach. Would

say just here, that repeated doses of bismuth sub. nit. alternated with small doses of calomel were given for sick stomach. Bowels more tympanitic, no special tenderness in region of the bowels, liver or spleen, no secretion of urine, bladder perfectly dry. Hot acid baths, enemas of hot water and hot water bag to kidneys were continued.

Occasional attacks of singultus set up, patient's mind began to manifest dissolution at the close of the sixth day.

Morning 28th, 9:30 a. m., passed the night fairly well, patient rather cheerful considering his very serious condition, temperature and pulse normal. Consultation with two other physicians was held, bladder was examined, found only about half ounce of dark, bloody urine, washed it out with listerine, ordered hot water enemas, hot water bag to kidneys and dry cups. At 5 p. m., saw patient. Temperature 99°, pulse 84, skin moist and that icteroid appearance almost gone. Yet the general symptoms pointed to uremic poisoning, showing plainly that his condition was rapidly reaching a very grave crisis and without an immediate and radical change, which under the circumstances could scarcely be hoped for. However, it being the sacred duty of every physician to give a patient the benefit of the doubt, the treatment of combatting symptoms was continued, by giving stimulants and small doses chlorate potash with digitalis. Patient very soon began to complain of great difficulty in swallowing, tongue seemed to be enlarging. Comatose condition gradually increasing, no action from the kidneys, nor any odor of urine from the perspiration or the breath, during all this time of suppression. At 12 m., the seventh day, death closed the scene.

My special reasons for reporting this case are to show the extreme time this patient survived the complete suppression of urine with such little disturbance of either mind or body. With the exception of the nausea and vomiting, he was fairly comfortable most of the time after the fever left him. (Which was the third day.) I have had no former experience with such an extreme case, nor

have I seen where such has been reported. I would not presume to assert that such pathological conditions have not been found under similar circumstances in other patients, but assume the position that just such cases and conditions are exceptions to this particular disease.

By way of parenthesis, I give a brief history of this patient. He was 46 years old, had lived for the past six years in the northern suburbs of the town, run a small truck farm along the border of a large area of marshy land on the Apalachicola river, where malaria prevails almost the year around, particularly if northwesterly winds are frequent; but being a very strong man, full of energy, he managed to follow his vocation by the constant dosing with anti-malarials.

Jos. D. RUSH, M: D.

Apalachicola, Fla.

NO. 15.  
**The Hygiene of Pure Water.**

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BY DEWITT WEBB, M. D.

It is fast coming to be understood that the value, from the stanpoint of health, of pure drinkihg water cannot be overestimated—and this for beast as well as man—as the cow drinking foul water poisons the child nourished on her milk.

But, with all the modern spread of intelligence, it is still too true that people sensible in all else, and who would be the first to flee from pestilence, do not hesitate to drink from polluted wells until the warning of a fever comes, all too late to save from a long and, perhaps, fatal illness, or if not a fever or fatal illness a prolonged course of mysterious ill health.

Our friends, the Women's Christian Temperance Union, have been most successful in establishing upon the statute books of almost all the States laws requiring the teaching in the public schools of all grades and all ages the effects of alcohol and tobacco upon the system. Would it not be well to also urge the teaching of the necessity of pure water as a beverage in the same text-books, with as full illustrations as possible, that its importance might become a matter of familiar knowledge?

Especially is this true as far as the State of Florida is concerned, where the drinking of surface water, in both city and country, is such a fruitful source of disease. I have never known the malaria of the camps to abate until the men could be brought to obey the instructions as to boiling all the water used, and after they had conscientiously conformed to the order there was no more trouble.

The difficulty is to get the people to abide by the

plain directions given, because, in some way, if the water tastes all right they think it must be safe for drinking purposes. It is not enough that the physician knows that this is not true, the community must know that it is not true; and I mean such knowledge as shall compel obedience from a knowledge of the consequences. A conviction upon which men unconsciously and automatically act is the kind of conviction we want in regard to the necessity of pure water for drinking purposes, and this must become the inborn, almost inherited, knowledge of the great mass of the community, until water that might possibly contain the germs of typhoid or malaria would no more be drank than would water suspected of containing a few grains of arsenic.

The questions of all material prosperity are so based upon health that its consideration becomes vital to a State's prosperity. Our excellent State Board of Health certainly deserves the highest credit for its success in repelling the invasion of foreign disease, but in the case of what may be called the domestic enemies of the public health they can do little more than attempt at least the instruction of those who for the most part are either carelessly or wilfully ignorant.

As the temperance lecturers of yore used to exhibit their audiences Sewall's plates showing the condition of the human stomach in different stages of the drinking habit, so it might be well if the magnified impurities in much of the drinking water should be so shown as to give the public the plain demonstration of the condition of water required for healthy drinking.

Drinking water should be as pure as the air, and as it is more easy to secure it should be obtainable by all, and to this end how would it do for the State Board of Health, as the prime guardian of the health of the State, to issue at stated short intervals tracts or leaflets with simple, plain directions for the testing of the water used by the family? This, in my judgment, would result in raising the health of the State many degrees.

**NO. 18.**

**Acetanilid in the Treatment of Children.**

In reading the journals, I find a good many articles, either condemning the use of acetanilid, or advising that it be used with great caution, especially, in the treatment of children and weak patients, attributing, to it, many cases of collapse and heart failure.

Some of the colleges are teaching that it is a dangerous drug, and should be used very cautiously, going so far as to say heart troubles are more frequent now, than before the use of these coal tar preparations. I agree that harm may be done with this drug; and so with almost all remedies that we use, if not judiciously administered.

My experience with acetanilid has been so satisfactory, that I am prompted to write a short paper to read at our association, in order to hear the experience of my medical brethren of this State; thinking, perhaps, there may be less of the evil effects of the drug in our climate, than in the States north and west of us, where so much has been said against the use of it. I have been using acetanilid for several years, in all forms of fever, and in patients of all ages. But, as the heading of this paper implies, I shall confine my remarks to the use of acetanilid with children.

I know of nothing, that will so quickly reduce high temperature, as acetanilid or some of the tar products.

Some may argue that the cold bath will do this—perhaps it will, but is the danger less? I think not, and the bath is generally unhandy to use; and my experience has been very seldom allowed to use it, when I really desired to do so.

Before the use of acetanilid, I have often been called, in haste, to see a child with high fever and very nervous, and the mother telling me her child was threatened with spasms, and I could readily see such was the case, and often before I could administer nervines and they take effect, convulsions would come on, and we all know that nothing frightens a mother so much as for her child to have spasms. Now, in such cases, by the use of acetanilid, if I can have a few minutes to give a dose, the fever begins to cool down, the skin gets moist, and those frightful spasms warded off, and the little fellow goes to sleep.

I often give a child that is fretting at night a dose of acetanilid, inducing nice quiet sleep, without any constipating or damaging effects of the bowels, as is often the case with other remedies we use in such cases.

Last February, I had to treat a child five weeks old with erysipelas of face and scalp. I found it with high fever and very nervous and restless, and having just been reading of the unpleasant effects of acetanilid, I felt that it might not be best to give it to the little patient, so young and suffering from a disease that is so depressing, but knowing that it had always done the work so well, I gave it, and with the usual results—fever soon cooled down, it became quiet, and I continued to use it through the child's illness, when necessary to cool fever and quiet the little patient.

It is claimed by some that acetanilid should not be given to any one who is taking calomel. There may be some reason, theoretically, why they should not be given together, but my experience has been that they act well together. I have been in the habit of combining calomel and acetanilid in a powder and giving to children, when both were indicated, and have never seen any bad results follow from them.

I don't see how I could practice medicine without acetanilid or some of these preparations.

W. R. CHALKER, M. D.

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M. M. S.  
10/4/98.

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# PROCEEDINGS

OF THE

# FLORIDA MEDICAL ASSOCIATION.



Session of 1897.

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# PROCEEDINGS

OF THE

## Twenty-Fourth Session

OF THE

FLORIDA MEDICAL ASSOCIATION

HELD AT PALATKA, FLORIDA,

APRIL, 1897.

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DA COSTA PRINTING AND PUBLISHING CO.,  
JACKSONVILLE, FLA.  
1897.



## **FLORIDA MEDICAL ASSOCIATION.**

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**PALATKA, FLA., April 21, 1897.**

The Florida Medical Association convened in Twenty-fourth annual session at the court house in the city of Palatka at 11 o'clock a. m. the day and year above written, in accordance with the adjournment at Sanford in April, 1896.

Dr. W. H. Cyrus, of Palatka, chairman of the Committee of Arrangements, called the meeting to order, introducing Rev. W. E. H. Mabry, who opened the proceedings with an invocation of Divine favor on the labors of the Association.

Dr. Cyrus then announced that with his usual and well-known custom of getting all out of a man that he could he had the pleasure of further introducing Mr. Mabry who would extend a welcome on behalf of the municipality and citizens generally. The Association was then favored with an eloquent and fervent greeting and assured of a most cordial welcome.

The chairman of the Committee on Arrangements then escorted the President of the Association, Dr. H. K. DuBois of Port Orange, to the chair who most fittingly responded to the words of welcome.

The roll was called and the following gentlemen responded :

|                                 |                |
|---------------------------------|----------------|
| Dr. G. H. Altree . . . . .      | Port Tampa.    |
| Dr. T. S. Anderson . . . . .    | Carrabelle.    |
| Dr. F. A. Bize . . . . .        | Tampa.         |
| Dr. R. L. Bryan . . . . .       | Ocala.         |
| Dr. R. B. Burroughs . . . . .   | Jacksonville.  |
| Dr. H. K. DuBois . . . . .      | Port Orange.   |
| Dr. J. D. Fernandez . . . . .   | Jacksonville.  |
| Dr. J. W. Gatton . . . . .      | San Antonio.   |
| Dr. J. E. Hanna . . . . .       | Jasper.        |
| Dr. R. L. Harris . . . . .      | Orlando.       |
| Dr. W. L. Hughlett . . . . .    | Rockledge.     |
| Dr. J. H. Hodges . . . . .      | Gainesville.   |
| Dr. R. P. Izlar . . . . .       | Ocala.         |
| Dr. J. M. Jackson . . . . .     | Bronson.       |
| Dr. J. M. Jackson, Jr . . . . . | Miami.         |
| Dr. E. E. Jenkins . . . . .     | Palatka.       |
| Dr. D. F. Jones . . . . .       | Hampton.       |
| Dr. R. A. Lancaster . . . . .   | Gainesville.   |
| Dr. T. N. Lewis . . . . .       | Kissimmee.     |
| Dr. F. P. Petty . . . . .       | Sanford.       |
| Dr. J. H. Pierpont . . . . .    | Pensacola.     |
| Dr. W. B. Rush . . . . .        | Oakland.       |
| Dr. F. G. Renshaw . . . . .     | Pensacola.     |
| Dr. J. D. Roberts . . . . .     | Dade City.     |
| Dr. S. Stringer . . . . .       | Brooksville.   |
| Dr. A. M. Steen . . . . .       | Palatka.       |
| Dr. G. W. Strickland . . . . .  | Waldo.         |
| Dr. E. C. Van Hood . . . . .    | Ocala.         |
| Dr. R. T. Walker . . . . .      | Cedar Key.     |
| Dr. DeWitt Webb . . . . .       | St. Augustine. |
| Dr. A. N. Williams . . . . .    | Dade City.     |
| Dr. S. G. Worley . . . . .      | St. Augustine. |

The minutes of the meeting held at Sanford in April 1896, was next in order, but a motion offered by Dr. R. A.

Lancaster, of Gainesville, prevailed that inasmuch as they had been approved from session to session at that time and had appeared in print in the published "proceedings" of the transactions of last session that they be adopted as there presented.

The Association next listened with marked attention to the President's discussion of those matters most pertinent to the welfare of the Association, as canvassed in his annual address. It was received with every token of gratification and, on motion of Dr. Lancaster, was referred to a Special Committee—to be appointed later—and to the Publication Committee.

The President then announced that he would constitute Drs. Hughlett, Izlar and Chalker a Committee on the Admission of new members.

The Secretary submitted his annual report of the operations of his office as executive officer of the Association and a motion made by Dr. Lancaster "That the same be received and his activity commended" was duly carried.

Dr. R. P. Izlar, of Ocala, offered a resolution that all physicians present—non-members of the Association—be accorded the privileges of the floor. Carried.

The Treasurer tendered his annual report showing :

Balance on hand at last meeting . . . \$437 59

Collections since . . . . . 275 00

---

Making a total of . . . . . \$712 59

Less expenditures aggregating . . . . 344 73

---

Leaving a balance to date of . . . . \$367 86

On motion of Dr. R. P. Izlar the same was received and referred to a Special Committee of three authorized to examine the Treasurer's statements, vouchers, and

books and to report thereupon. Doctors Izlar, Sweeting and Altree were charged with this duty.

The Secretary announced that no report was in his hands from the Librarian, explaining that Dr. J. H. Douglass, of Jacksonville, the present incumbent, had gone out of active practice, tendering his resignation as such officer and suggesting a plan for the appointment of his successor and the future conduct of that office in connection with a desire to see the Library of the Association maintained at the office of the State Board of Health at Jacksonville under a system which he proposed to outline when the proper time for the election of officers was at hand.

As chairman of the Committee on Arrangements Dr. Cyrus stated that he had no report to render other than to assure the Association that the local profession and citizens had done what they conceived would redound to the comfort and pleasure of their guests, and that it was hoped that all would have an enjoyable and profitable time. Any special announcements he might have to make he would defer until later.

At the suggestion of the Secretary the Committee on New Members was authorized to act as a Committee on Credentials in addition to looking after the admission of applicants for enrollment.

Alluding to the protracted delay in the publication of the proceedings of the last session, the Secretary explained the reasons therefor and apologized for what appeared an unnecessary detention in the appearance of the printed copy of the minutes, submitting the illness of the stenographer and his absence from home in extenuation thereof and offering a reduction of fifteen dollars in his bill. A motion that the stenographer be reim-

bursed to the full amount of his usual and accustomed compensation, offered by Dr. J. M. Jackson, Jr., was unanimously carried, and the treasurer was empowered to audit his bill in full and issue his check for the sum above named.

Pending a motion to adjourn until 2 o'clock P. M., some slight discussion of the bills now before the Legislature looking to the formation of a State Board of Medical Examiners was indulged in, but action was deferred until the afternoon session.

The Association then took a recess until 2 P. M.



**AFTERNOON SESSION.**

Pursuant to adjournment the Society reassembled at 2 P. M., Dr. W. H. Cyrus, of Palatka, presiding. The committee on ethics, through the Chairman, Dr. R. A. Lancaster, submitted a typewritten report, signed by but two of the committee. In explanation of his failure to sign the report Dr. Jackson submitted that his action was based on his disagreement with the findings of the committee in reference to the first case, that of Dr. O. E. Worcester. He was thoroughly in accord with the other recommendations of the committee, but that in view of his inability to thoroughly canvass the Worcester case he sought to be excused from signing the report. The consideration of this report and the adjustment of the several matters therein, notably the cases of Drs. O. E. Worcester of Conant, W. B. Rush of Oakland, N. A. Williams of Dade City, and Theo. Turnbull of Monticello, provoked protracted discussion.

The Committee on New Members reported the following gentlemen as having duly qualified and complied with the terms of the Constitution and recommended their admission. In accordance with the Constitution their names were read and further action deferred until the second day's session. The gentlemen passed upon were as follows, to-wit:

|                              |             |
|------------------------------|-------------|
| Dr. J. C. Peyton . . . . .   | St. Francis |
| Dr. H. C. Welch . . . . .    | Welaka      |
| Dr. A. L. Izlar . . . . .    | Ocala       |
| Dr. L. N. Anderson . . . . . | Jasper      |
| Dr. H. D. Brown . . . . .    | Melbourne   |
| Dr. L. B. Blalock . . . . .  | Madison     |
| Dr. L. C. Ruter . . . . .    | Madison     |

|                                |               |
|--------------------------------|---------------|
| Dr. R. A. Warnock . . . . .    | Inverness     |
| Dr. Luther S. Harvey . . . . . | Crescent City |
| Dr. J. N. Taylor.. . . . .     | Palatka       |
| Dr. J. D. Bennett . . . . .    | Crystal River |
| Dr. B. G. Abernethy . . . . .  | Tampa         |
| Dr. J. F. Miller. . . . .      | Inverness     |

The same Committee then reported that the following had presented proper credentials and were entitled to all the privileges of the floor:

Dr. R. P. Izlar of Ocala, a delegate from the Marion County Medical Society ; Drs. DeWitt Webb and J. K. Raney of St. Augustine, delegates from the St. Johns County Medical Society ; Dr. E. C. Van Hood, alternate from the Marion County Medical Society ; Dr. R. A. Lancaster, a delegate from the Alachua County Medical Society, and Dr. B. G. Abernethy of Tampa, delegate from the Hillsborough Medical Society.

The Chairman, Dr. J. Harris Pierpont of Pensacola, of the Committee on Legislation, submitted the following report :

PENSACOLA, FLA., April 13th, 1897.

*Gentlemen :*

Your Committee on Legislation beg to submit the following report :

On March 8th a circular letter was mailed to every regular physician in the State, urging the necessity of a personal interview with the representatives of the Legislature in the interest of our bill creating a State Medical Examining Board. The bill is the same as reported at the last session of the Association with two exceptions, viz : The two Eclectics are dropped, as, after a thorough examination of the text books of both schools, the Regular and Eclectic, it was found that they were the same,

hence their presence on the board was found to be unnecessary. The examination fee was made \$15.00 instead of \$10.00, as before, as it was thought the smaller fee would not pay the travelling expenses of the members, some of whom would have to come from a great distance.

A copy of the bill was given to Senator J. M. Phipps of Key West, and Representative William Hyre of Pensacola, with the urgent request that they lose no time in its introduction in the Senate and House. Both gentlemen have promised their support, and as they have been made Chairmen of their respective Committees on Public Health, we think we have cause to felicitate ourselves on its speedy passage, though it is not yet too late for our members to bring pressure to bear against their representatives to hasten its passage through both houses.

Respectfully submitted,

J. HARRIS PIERPONT, Ch'n.,  
R. P. IZLAR.

We further suggest that the Association, at this session, certify to the Governor the names of the members who are to compose the Regular part of the Board.

Dr. Lancaster moved its reception and the adoption of the recommendations, which was duly carried.

Dr. J. H. Pierpont of Pensacola, offered the following, which was unanimously assented to, and Drs. A. M. Steen, Nathan A. Williams and F. G. Renshaw appointed in accordance therewith, viz:

"That a Committee be appointed to ascertain and report the feasibility of carrying a test case to the Supreme Court to decide the constitutionality of a physician being dragged into court to give gratis expert testimony."

The Association then took a recess until eight P. M.

**EVENING SESSION.**

The Association gathered at 8 P. M., in accordance with the program to listen to the oration and to transact such other business as might follow.

Dr. U. S. Bird, of Tampa, the orator appointed at the last session favored those present with an able presentation of "The Medical Profession as Influenced by Opposition." At its close the Association voiced its hearty appreciation of his remarks and the entertainment afforded thereby and referred his paper to the Publication Committee.

A recess of fifteen minutes was ordered to admit of the withdrawal of any who might not wish to attend the discussion of the papers next on the schedule.

The Association being called to order the following oral reports from several representatives of the County Medical Societies enumerated was listened to and ordered spread upon the record :

Dr. R. P. Izlar, of Ocala : I have no written report to offer for the Marion County Medical Society, but I can state that the society is progressive and harmonious and that thorough good feeling prevails among the members. I do not understand why they do not send a written report. I, myself, have not attended a meeting for some time owing to my absence from the State, but from conversation with those who have I am enabled to make the foregoing statements.

Dr. R. A. Lancaster, of Gainesville : I can only follow Dr. Izlar's example and make a similar report for the Alachua County Society as I have no written report from the Secretary. We are still in existence and have our meetings almost as regularly as formerly, though occa-

sionally we miss a month. The papers that are submitted are at times very interesting. I feel that our society is in a very good condition. We have about five of our members here on the floor present with us to-day.

Dr. B. G. Abernethy, of Tampa: Our Society is in full bloom though perhaps our attendance considering the number of members is not so very good. There are about twenty-seven members in the Hillsborough County Society and we hold meetings once a month and very seldom fail to have a meeting—only once or twice, I think, during the past year. We get on very nicely every meeting. We have interesting discussions and everything is moving along nicely, and I understood that the Secretary was instructed to furnish a full report of the society's doings, but it seems that he has failed to do so. I do not know that there is anything else which I can state. We have in the city of Tampa some "irregulars" who are doing quite a nice practice there. We have one physician there who failed before our Medical Examining Board, and my information is that he went to Jacksonville and got a license there from the Homeopathic Board of Examiners and is now doing a good practice there. It strikes me something ought to be done. This Association should look into these matters in my opinion.

Dr. R. B. Burroughs, of Jacksonville: The Duval County Medical Society is all right. Dr. Abernethy says the Hillsborough County Society is blooming. If that is so I suppose I can safely say that the Duval County Society is blossoming. Amity, good will and love prevails—aye, we even love each others wives and daughters. Unlike the Tampa Society we have nothing "irregular" about us at all. Nothing but peace and good fellowship exists.

Dr. T. N. Lewis, of Kissimmee: While I have no

credentials from our Society I would say for the information of the Association that we organized seven months ago and I think I can claim easily that ours is the banner society of the State. We have but five physicians in the County and four are members of the society and we have all four in attendance every month, all bright shining lights. The physician who is not a member only came into the place during the last two months.

The Committee on Necrology at this juncture submitted the following which was duly adopted and ordered engrossed :

PALATKA, Fla., April 21st., 1897.

WHEREAS, It has pleased the Great Creator in His Infinite wisdom to remove from our number our esteemed friend and brother, DR. G. E. HAWES, and

WHEREAS, We cannot fathom this dispensation of taking from us our brother, who was always true, upright, skilled and courageous, yet we humbly bow to the Divine Will, knowing that He doeth all things well. Therefore, be it

*Resolved, 1st.* That in the death of DR. HAWES, we, the State Medical Association and the profession at large, have suffered a great and irreparable loss and his community a beloved physician and citizen.

*Resolved, 2nd.* That we extend our sincere sympathy to his family in this their sad bereavement, and assure them that their loss and grief will also be ours and that we commend them to the care and comfort of an All-wise God, who can soothe their broken hearts.

*Resolved, 3d.* That a copy of these resolutions be spread among the Minutes of the Association : a copy be

handed to the family and also to the press.

J. HARRIS PIERPONT, M. D.

F. P. PETTY, M. D.,

JAMES M. JACKSON, JR., M. D.,  
Committee.

The Committee on Treasurer's Report announced that they had fulfilled their duty, finding the books and accounts correct and well kept. The report was received and the committee discharged.

Here Dr. R. P. Izlar, of Ocala, being recognized by the chair said:

Mr. President, during the meeting this morning something was said about the delegates to the Convention of the American Medical Association. As I was one of them, as were also Drs. Anderson and Newsome, of Ocala, I will report that the meeting in Atlanta was quite successful. There were a large number in attendance and some very instructive papers brought before the various sections of the Associations. I had the honor of being selected by my colleagues to represent the Florida Medical Association on the nominating committee and I advocated Dr. Nicholas Senn, of Chicago, for President, to which office he was elected. The Association also, at the solicitation of the delegates of this Association, incorporated in their proceedings that part of our proceedings relating to the reduction of fees by the Life Insurance Companies, which, of course, we felt very proud of. Your delegates finding that they could not get our Secretary, Dr. Fernandez, to furnish suitable badges for the occasion, we furnished them ourselves.

On motion of Dr. Fernandez eleven o'clock Thursday was set aside for the election of officers.

On motion of Dr. Pierpont it was ordered that balloting for the next place of meeting should be the next order of business following the election of officers for the ensuing year.

Members of several of the medical examining boards offered oral reports as follows:

Dr. R. L. Harris, of Orlando: Our Board, of which I am Secretary, have been having some trouble with temporary licenses. One man managed to secure three. I mention this as a point in favor of a State Board of Medical Examiners instead of, as now, seven different boards and also a Homeopathic Board.

Dr. J. H. Pierpont, of Pensacola: We are making every effort to keep up our standard of examinations and thus exclude non-competent men. As a rule the incompetents avoid us but frequently they go before the Homoeopathic Board and pass. Of course I am very much in favor of a State Board.

Dr. G. E. Welch, of Palatka: I can only say that our Board, of which I am Secretary, uses very much the same questions as Dr. Pierpont's Board does, and require the same standard or percentage to pass. I think we subject them to quite as rigid an examination as he does.

The Secretary presented the resignation of Dr. B. F. Julian, formerly of Archer, but now resident of Tifton, Georgia, which was duly accepted.

A communication, inviting the President of the Association or a delegate named by him to attend the annual gathering of the British Medical Association at Montreal, Canada, was read and the matter left with the President that he might appoint a delegate who could and would attend.

Dr. Hughlett as chairman of the Committee on the President's Address, made an oral report to the effect that the committee recommended that it be referred to the Publication Committee. This was so ordered.

Dr. R. A. Lancaster moved that a committee be appointed to draft a set of Constitution and By-laws suitable for County Medical Societies, to be presented at the next meeting. The chair named Dr. Lancaster on said committee with power to add two members.

The Secretary was authorized to have 500 copies of the Constitution and Code of Ethics printed and to include therein the suggestions to County Medical Societies as to constitution and by-laws, which suggestions shall be turned over to the Secretary by Dr. Lancaster, chairman of the committee named above.

The Society then entered into the reading of papers and the brochure of Dr. R. B. Burroughs of Jacksonville, on "The Treatment of some forms of Jaundice by Nitrate of Silver," was listened to, discussed and referred to the Publication Committee.

The Association next entertained a monograph from the experienced pen of Dr. W. L. Hughlett of Cocoa, Fla., entitled "Treatment of Fracture of the Forearm with Special Consideration of Colles and Barton's Fractures." The paper launched the Association into a discussion that carried its deliberations late into the night, when it was referred to the Publication Committee and the Association adjourned until 9 a. m. Thursday.

## MORNING SESSION.

PALATKA, Fla., April 22, 1897.

The Association continued its labors at 9 a. m. Thursday the twenty-second; the reading and approval of the minutes of the three sessions of Wednesday being the first order of business.

At the suggestion of Dr. Maxwell the word "oral" was substituted for "verbal" wherever used to indicate the presentation of a non-literary and extempore report, whereupon the minutes were approved.

Dr. W. L. Hughlett as chairman of the committee on the admission of new members announced that his committee had canvassed and passed upon the following names and recommended that they be elected to full membership; whereupon balloting upon each name ensued and the following were declared duly enrolled and entitled to all the benefits and privileges of membership in the Florida Medical Association.

|                                 |               |
|---------------------------------|---------------|
| Dr. John C. Peyton . . . . .    | St. Francis   |
| Dr. Arthur L. Izlar . . . . .   | Ocala         |
| Dr. H. E. Welch . . . . .       | Welaka        |
| Dr. L. C. Ruter . . . . .       | Madison       |
| Dr. L. N. Blalock . . . . .     | Madison       |
| Dr. J. N. Taylor . . . . .      | Palatka       |
| Dr. L. S. Harvey . . . . .      | Crescent City |
| Dr. Robert A. Warnock . . . . . | Inverness     |
| Dr. Josa D. Bennett . . . . .   | Crystal River |
| Dr. H. D. Brown . . . . .       | Melbourne     |
| Dr. L. M. Anderson . . . . .    | Jasper        |
| Dr. B. G. Abernethy . . . . .   | Tampa         |
| Dr. J. F. Miller . . . . .      | Inverness     |

The Association then resumed the reading of papers, Dr. George T. Maxwell of Jacksonville, chairman of the

Committee on Medicine, introducing his section by the presentation of his paper on "So-called Typho-Malarial Fever." After listening with marked attention to the paper in question and indulging in an animated discussion of the subject, which was only terminated by the arrival of the hour set apart for the election of officers, it was referred to the Publication Committee.

The Association then proceeded with the election of officers, Drs. W. H. Cyrus of Palatka and R. B. Burroughs of Jacksonville being placed in nomination for President by Drs. Hodges and Maxwell, respectively. The nominations being closed, balloting ensued, the tellers, Drs. Cloud and Petty, announcing that Dr. Burroughs had received twenty-four and Dr. Cyrus fifteen votes, whereupon Dr. Burroughs was declared elected and his selection made unanimous at the suggestion of the defeated candidate. Upon reaching the chair and assuming the gavel, the Doctor expressed his pleased surprise and gratification by saying :

"Gentlemen, I am afraid that you have made a mistake in so honoring me and I attribute it entirely to your generosity to a stranger in a strange land. I will say to you, gentlemen, that I have always felt the most profound attachment for this Association. I was the first man to ever sign the roll of the State Medical Association, I was among the old vice-presidents and was the first man who ever had the honor of being appointed its orator. This, gentlemen, I mention with not great degree of self-congratulation but merely to show you that I have every reason to feel in the very depths of my heart the warmest feelings and attachment and profound interest in this Association. When I look into the faces of its members I see an assembly of men of as noble hearts, as true spirits

and as fine intellects as any body of men ever convened in this broad and beautiful land. It shall always be my pleasure and with pride that I shall look back during the few more years which may be allotted me in this weary world, for it is a weary world to me—I shall always look back upon this occasion as one of congratulation and pride. I am sorry to show so much feeling but I am reminded by your action to-day of the kindness, personal affection and trust shown me by my fellows here and friends. I promise you to the very utmost of my ability to strive to do my duty as your president. If I should ever show anything like partiality in any decision I may render, I trust that you will not deem it the leaning of a weak old heart but an error of the brain. I express to you, gentlemen, my sincere thanks and my cordial and kindly feeling toward and in you all. (Applause).

Drs. R. L. Harris of Orlando and N. A. Williams of Dade City, were unanimously chosen as first and second vice-presidents.

The Secretary tendered the resignation of Dr. J. H. Douglass of Jacksonville as Librarian, which was accepted, and acting upon Dr. Fernandez' suggestion—on motion of Dr. Lancaster, Dr. J. Y. Porter of Jacksonville was selected as Librarian, the library to be placed in the office of the State Board of Health.

Much interest and partisanship was displayed in the choice of a place for the next meeting, Tallahassee, Miami, St. Augustine and Orlando extending invitations and their advocates vying with each other in extolling the merits and lauding the advantages offered by the several localities. Balloting evidenced the inclination of twenty members for Miami, ten who favored Tallahassee, and five each who preferred Orlando and St. Augustine. The

President declared Miami the next place of meeting, and on motion of Dr. J. M. Jackson, Jr., the date of the meeting was left to the discretion of the President and Secretary, to which committee Dr. Jackson's name was added, the three composing a committee thereupon; their decision to be announced prior to the usual time of meeting.

The Association then took a recess until 2:30 p. m.

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#### AFTERNOON SESSION.

The Association re-assembled at 2:30. The minutes of the morning session were read and approved. The Committee on Legislation asked permission to insert a clause in their report recommending the regulation of the practice of midwifery in this State which was granted, and on its being so ordered, Dr. Pierpont offered a resolution that a committee of five be named to visit Tallahassee in the interests of desired legislation, arranging among themselves all the details of the duty imposed. Unanimously carried. The president announced that he would hold the appointment of the committee under advisement and announce it later.

Dr. Izlar called for the report of the committee on Ethics under the ruling of Wednesday's session re-committing the consideration of the Worcester case to said committee, and Dr. Hughlett, on behalf of the committee, made the following report which was adopted and the secretary instructed to notify Dr. Worcester of the decision of the association, to wit:

*Resolved*, That Dr. Worcester be informed that she must reinstate herself with the Marion County Medical Society, and that failing to do so before the next annual

meeting of this Society, she be requested to hand in her resignation to the Florida State Medical Association.

At the request of Dr. Lancaster the Committee on Ethics was discharged, the thanks of the Association being first tendered them for the thorough manner in which they had performed their duties.

Dr. Hughlett, as Chairman of the Committee on President's Address, submitted the following supplemental report, which after amendment by the elimination of a reference to the State Insane Asylum, was adopted as follows:

The Committee on President's Address takes pleasure in recommending its publication in full.

We wish to give our special endorsement to those clauses of the President's Address calling especial attention to new legislation favoring the creation of a State Board of Medical Examiners. We also suggest that this Association give its hearty endorsement to the State Board of Health and to our worthy State Health Officer, Dr. Joseph Y. Porter. It is our opinion that the office of State Health Officer should always be filled by a competent medical man.

W. L. HUGHLETT, M. D.,  
J. M. JACKSON, JR., M. D., }  
A. M. STEEN, M. D.      } Committee.

The Association then resumed the reading and discussion of papers, and next listened to Dr. J. N. D. Cloud, of Newnansville, on "Cerebral Surgery." The paper was well received, discussed and referred to the Publication Committee.

Dr. T. N. Lewis, of Kissimmee, read a paper on "Injuries to the Ankle Joint, particularly Potts Fracture, with report of a case," which took the usual course.

Dr. A. D. Williams, of Jacksonville, then entertained the Association with a paper on "Nature and Art in Parturition," which also followed the customary course.

Dr. J. D. Bennett, of Crystal River, next engaged the attention with an oral report on "Delivery with Tumor."

Dr. T. S. Anderson, of Carrabelle, submitted a paper entitled "Treatment of Children During Dentition," which was discussed and referred to the Publication Committee.

Dr. B. G. Abernethy, of Tampa, followed with his contribution called "Auto-Infection," which was likewise well received and committed as usual.

A paper entitled "Hints on the Eye to say nothing of the Ear," by Dr. Francis A. Bize, of Tampa, was read, discussed and referred to the Publication Committee, the thanks of the Association being tendered its author for his able and instructive paper.

Dr. Hodges offered the following resolution in appreciation of the courtesies extended during the session in Palatka, which was unanimously adopted, to wit:

*Resolved*, That this Association extends its thanks to the Committee on Arrangements and to the Palatka physicians for their labors for our enjoyment and the success of our meeting; to the citizens of Palatka for the courtesies extended; to the retiring officers for their earnest and faithful discharge of duties, and to the transportation companies which made a reduction in their rates to members attending the meeting.

The President then announced the following Committees for the ensuing year:

ON PUBLICATION:

Dr. G. T. Maxwell, Dr. P. J. Stollenwerck, Dr. A. D. Williams.

The Chair further announced that Dr. Williams would act as Chairman of said Committee.

COMMITTEE ON ARRANGEMENTS :

Dr. Jas. M. Jackson, Jr., of Miami, with power to add.

COMMITTEE ON ETHICS :

Dr. R. A. Lancaster, Dr. N. D. Phillips, Dr. R. P. Islar.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION :

Dr. F. G. Renshaw, of Pensacola, Dr. T. S. Anderson, of Carrabelle, Dr. A. M. Steen, of Palatka, Dr. W. R. Chalker, of Lake City, Dr. R. P. Islar, of Ocala, Dr. H. K. DuBois, of Port Orange, Dr. J. H. Hodges, of Gainesville, Dr. J. N. D. Cloud, of Newnansville, Dr. Columbus Drew, of Jacksonville, Dr. E. T. Sabal, of Jacksonville, Dr. W. F. Shine, of St. Augustine, and Dr. Jas. M. Jackson.

CHAIRMAN OF SECTION ON MEDICINE :

Dr. Sheldon Stringer, of Brooksville.

CHAIRMAN OF SECTION ON SURGERY :

Dr. G. H. Altree, of Port Tampa.

CHAIRMAN OF SECTION ON GYNÆCOLOGY :

Dr. W. H. Cyrus, of Palatka,

CHAIRMAN OF DISEASES OF CHILDREN :

Dr. F. P. Petty, of Sanford.

CHAIRMAN OF COMMITTEE ON HYGIENE :

Dr. G. T. Maxwell, of Jacksonville.

ORATOR FOR SESSION OF 1898 :

Dr. B. G. Abernethy, of Tampa.

DELEGATE TO THE BRITISH MEDICAL ASSOCIATION :

Dr. H. K. DuBois, of Port Orange.

COMMITTEE ON LEGISLATION ;

Dr. J. Harris Pierpont, of Pensacola, Dr. A. M. Steen, of

Palatka, Dr. T. S. Anderson, of Carrabelle, Dr. J. N. D. Cloud, of Newnansville, and Dr. R. L. Harris, of Orlando.

On motion of Dr. Hodges fifty dollars was ordered authorized to meet the expenses of the Legislative Committee in their efforts to secure the recommended legislation.

On motion of Dr. DuBois, the Association was then declared adjourned to meet at Miami at such time in the year 1898 as the committee already appointed should determine.

J. D. FERNANDEZ,  
Secretary.

R. B. BURROUGHS,  
President.

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TIFFTON, GA., March 23, 1897.

*Dr. J. D. Fernandez, Secretary Florida Medical Association,  
Jacksonville, Fla.:*

Having removed from Archer, Fla., to Tifton, Ga., I hereby tender my resignation to the Florida Medical Association. Since I was accepted as a member of this body, it has been a source of unexpressible pleasure to me, but unforeseen circumstances has caused me to move out of the State is my whole reason for resigning. With best wishes for the success of the Association and all concerned, I beg to remain,

Very Respectfully,  
BAILEY F. JULIAN, M. D.

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MONTREAL, April, 9, 1897.

*To H. K. Dubois, Esq. M. D., President Florida Medical Association :*

MY DEAR SIR—We have great pleasure in asking that your Society to be officially represented at the forthcoming annual meeting of the British Medical Association, by

yourself or other delegate. The meeting will be held in this city upon August 31st and the three succeeding days. The accompanying preliminary announcement will inform you as to the scope of the meeting and the privileges offered to guests of the Association. We can assure to the representative of your Society a cordial welcome, and an official introduction to the meeting. Begging that you will communicate to us at an early date the name and address of your Society's representative, so that we may forward to him a personal invitation.

We are, dear sir,

Yours, very faithfully,

T. G. RODDICK, M. D.

J. GEORGE ADAMI, M. D.

J. ANDERSON SPRINGLE. M. D.

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#### **Report of the Committee on Publication.**

JACKSONVILLE, FLA., Sept. 25, 1897.

The Committee on Publication regret very much that the publication of the proceedings of the Association has been delayed until this late date.

The delay, however, has been unavoidable, owing to the fact that the secretary was unable to place the data in the hands of the committee until a few weeks ago, and while this delay was unavoidable on the part of the secretary it has necessarily retarded the publication.

Due to the fact that we find no record of any resolutions in memorium of Dr. G. E. Hawes, and that Dr. Geo. Troupe Maxwell has died since the adjournment of the Association, but before the publication of these proceedings, the committee thinks it appropriate to dedicate one

page to each of these honored and departed members.

Dr. Maxwell having been a member of the Committee on Publication, his assistance in this work has been sadly missed. He was also chairman of the Department of Hygiene. To this vacancy the President of the Association has appointed Dr. J. Y. Porter, of Key West, and the Committee on Publication is authorized to announce this change.

Respectfully submitted,

A. D. WILLIAMS, M. D.  
P. J. STOLLENWERCK. M. D.



# **In Memorium.**



**Sacred to the Memory**

**OF**

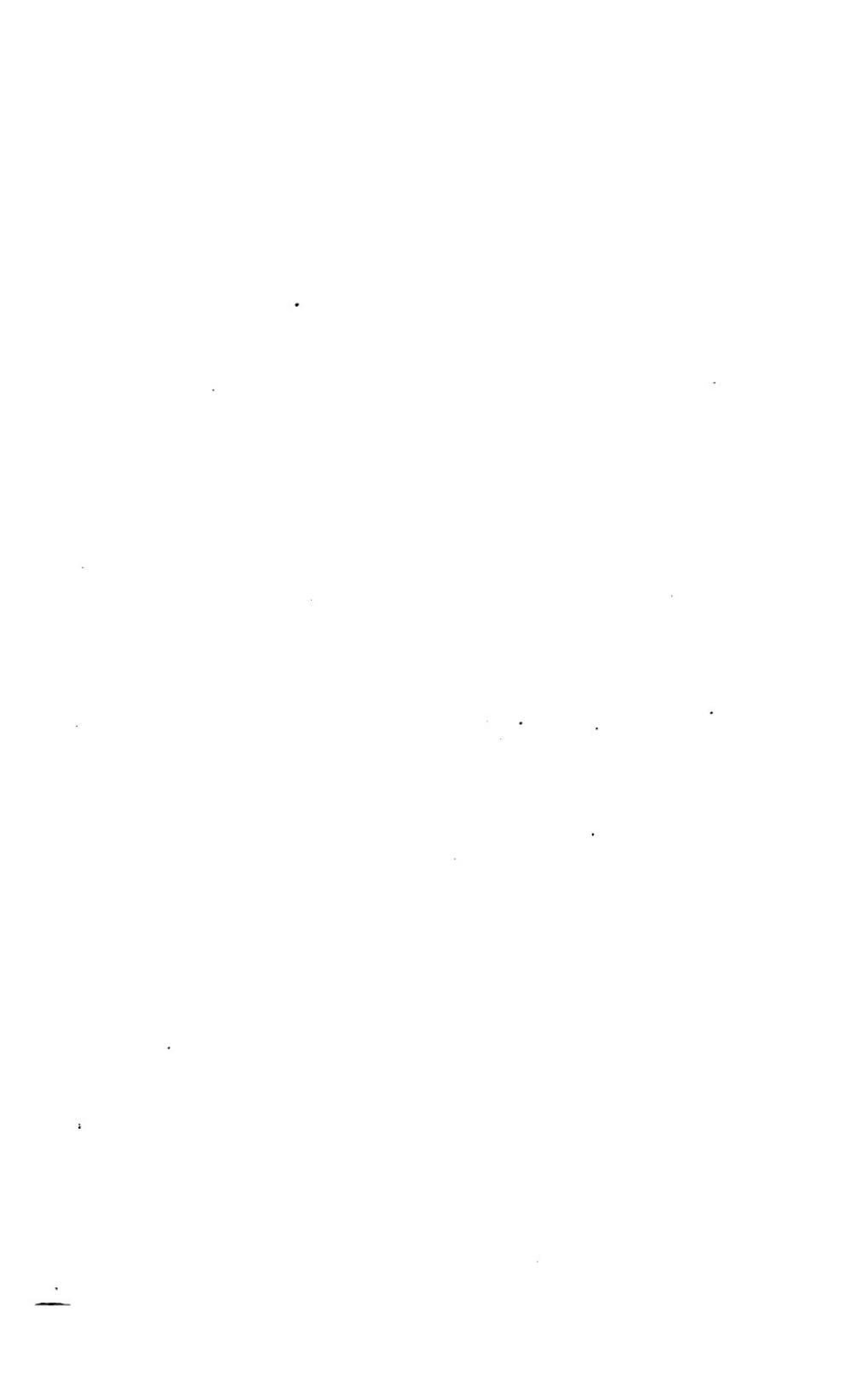
**Dr. G. E. Hawes,**

**OF**

**PALATKA, FLA.**



**Died October 27, 1896.**



# In Memorium.



Sacred to the Memory

OF

Dr. Geo. Troup Maxwell.

OF

JACKSONVILLE, FLA.



Died Sept. 2, 1897.





## APPENDIX.





### PRESIDENT'S ADDRESS,

*Members of the Florida State Medical Association:*

The pleasant duty devolves upon me to address you on this occasion. It is in compliance with a time-honored custom and in grateful acknowledgement of the honor you have conferred upon me. Be assured, gentlemen, that I appreciate the compliment.

When I look at the long line of distinguished gentlemen who have preceded me in this position, I cannot avoid a feeling of distrust in my own ability, and will, in advance, claim your charitable forbearance for my shortcomings.

The continued growth of this society and the valuable character of its contributions to medical literature are most gratifying.

The benefits that accrue from stated meetings of members of our profession, are so well known as to admit of no debate or argument. It is, therefore, a matter worthy of serious consideration by the gentlemen present, whether a proper effort has been made to organize and develop the county medical societies in this State.

Within a comparatively brief period, since the formation of this society, twenty-four years ago, we have witnessed results in surgery, more eventful than any which have hitherto occurred. The advance in Sanitary science is

not less wonderful, and prevention of disease by sanitary and quarantine regulations, verify the maxim, "Public health is public wealth."

There are some topics of a practical nature that I wish to present as proper subjects for your consideration and possible action.

The act, regulating the practice of medicine in this State, is inadequate, and practically inoperative. The Legislative Committee of this association has prepared a bill to present to both Houses of the Legislature, now in session at Tallahassee, and I am assured that the bill will become a law, without material alteration.

For the faithful and energetic manner in which this committee has performed its allotted task, the thanks of the Association are due.

Upon the recommendation of the President, at our last annual meeting, action was taken favoring the appointment of a competent medical man as Superintendent of the State Lunatic Asylum. I venture to express the hope that this much needed reform may be accomplished at the present session of the Legislature.

The sanitary laws and regulations, adopted by the State Board of Health, are the offspring of a philanthropic care and zeal for the public welfare. The result of its enlightened and well-directed efforts, is manifest in freedom from certain exotic diseases of an epidemic character, which have more than once invaded our State with most disastrous effects.

It is most fortunate that the position of State Health Officer, should be filled by one as competent, just and fearless as the present incumbent. I would earnestly recommend that this Association indorse the acts of the State Board of Health and the State Health Officer.

Permit me to quote from the message of His Excellency, Governor Bloxham, the following: "In all sections of the State, where the State Board has legal control, a confidence is felt that our population has the best security against the possibility of epidemics and the numerous evils resulting therefrom."

A matter worthy of serious consideration, is the pending revision of the Pharmacopœia of the United States. The Pharmacopœia was designed and created by physicians, and for many years acknowledged as authority, but, since its revision it has fallen into the hands of non-practicing medical men and apothecaries, it has ceased in a great measure, to be the work of reference that it should be. The remedy is for medical practitioners to take a leading part in its revision.

No action is required on our part at present, but a thorough understanding of the question requires study, and I trust that, at our next annual meeting, we will be prepared to discuss the matter intelligently.

The question of a permanent place of meeting, for this Association, has been a subject for debate at past meetings. There is a growing sentiment in favor of such a movement, and, with the hope that it may be deemed the best policy, I would suggest that the question be again presented to the Association for its consideration.

During the year that passed, death has taken from our midst an honored member of and a faithful co worker in the profession. The death of Dr. Hawes has cast a gloom over the meeting and a universal regret among the members of this Association.

In conclusion, gentlemen, the prosperous condition of this Association renders this an appropriate occasion for mutual congratulations.

We anticipate pleasure from the renewal of old friendships and the welcoming of new associates.

Let us hope that when we leave the "Gem City" to return to our homes and life-work, we will have acquired knowledge that will better enable us to fulfill our mission as conservators of the public health.

## NATURE AND ART IN PARTURITION.

BY A. D. WILLIAMS, M. D., JACKSONVILLE, FLA.

There is an old, old theory, that as giving birth to a child is purely a physiological act—God given and pre-arranged by Nature under the law that “Everything bringeth forth according to its kind.”—It, therefore requires no interference of art either for its promotion or its accomplishment.

This view of the subject has many followers today; even among the recognized intelligent practitioners of obstetrics, and the baneful influence of that old and popular slogan “Meddlesome Midwifery is bad” and the no less parnitious adage “Let Nature have its course” has so harmoniously accorded with the views of many, so plausibly exhonorated the many evils arising from neglect of duty, and has ever been such an excuse for the errors of ignorance—that it has caused untold suffering to poor, helpless womankind, being as well a most powerful factor in retarding the brilliant progress of the most important branch of medical science.

In the dark ages of long ago—the errors originating from ignorance were perhaps excusable in those, who with abundant faith and a limited knowledge of science, relied exclusively upon the powers of nature, to not only safely conduct to a happy completion, but to overcome all

the obstacles connected with Parturition. But today, when the powers of nature are better calculated, and the resources of Art better understood; in this latter part of the nineteenth century, when the whole world is ablaze with the light of improvement in every department of science and of art, there is no excuse for those who with the power of assistance and relief in their hands, can supinely wait for "Nature to take its course;" making the science and art of midwifery to mean nothing but the exercise of patience, and to consist of nothing but waiting and watching.

I do not wish to be understood as advocating the indiscriminate interference of the progress of a natural healthy timely labor, for that is not my practice, (and I try to practice what I preach). But I do wish to be understood, that I insist emphatically that nature is not competent to all the exigencies of Parturition, and in many, very many instances when permitted to proceed uninterrupted, and does eventually succeed in its object, that the suffering of a weak and human body over which the battle has been made, might have been very much abridged by the judicious interposition of skillful assistance.

I believe this to be a fact, and I think the intelligent practitioner of obstetrics will agree with me—and if it is a fact in healthy and practicable labor—how much more important does judicious and timely application of advantageous aid become, when it is well known that the deviation from healthy power and structure "are almost constant in their occurrence, and almost infinite in their variety." It is the knowledge of these aberrations, and the mode of overcoming them when necessary which emphatically declare, that midwifery is a science, and to practice it successfully, there is more to be learned than

the exercise of patience, and more to be done than to watch the course of nature in its efforts to perform a purely physiological act, God given though it may be (and I say this with due reverence). How many noble women have been victims to the dangers that beset it—the wear and tear of this purely physiological act—the grandest, holiest and most sacred in human life, simply for want of proper aid in the hour of her greatest need.

If known to history, how many cases could be recorded like that of "The Princess Charlotte of England" who died from the effect of this "physiological act"—while the most noted physicians of that day stood in waiting, and did not attempt to aid sluggish nature in its struggle to relieve her in this long and trying ordeal, when with a little address, and judicious aid, the life of this young mother and good woman, might have been saved, together with that of her royal offspring.

The circumstances attending her labor and consequent death is thus described by a medical writer who was present, and a party to what today under similar circumstances MIGHT be termed "a homicide."

The letter from which I make this extract was written by one of the most prominent physicians of his day, Dr. John Sims, of London, to his no less celebrated friend, Dr. Joseph Clark of Dublin, dated 1817, and published in "Meigs Obstetrics." He says:

"I do not wonder my dear doctor that you should wish to have a correct statement of the labor of her Royal Highness Princess Charlotte, the fatal issue of which has involved the whole nation in distress.

"Her Royal Highness' labor commenced by the discharge of the liquor amnii, about 7 o'clock on Monday

evening, and pains followed soon after. They continued through the night and a great part of next day—sharp, short, but very ineffectual. Toward the evening Sir Richard Croft begun to suspect that the labor might not terminate without artificial assistance, and a message was dispatched for me. I arrived at 2 o'clock Wednesday morning.

The labor was now advancing more favorable, and both Dr. Baillie and myself concurred in the opinion that it would not be advisable to inform her Royal Highness of my arrival. From this time to the end of the labor, the progress was uniform though very slow. The patient kept in good spirits, the pulse was calm, *and there never was room to entertain a question about the use of instruments.*

About 6 o'clock in the afternoon the discharge became of a green color, which led us to suspect that the child might be dead. *Still the giving of instrumental assistance was quite out of the question*, as the pains now became more effectual and the labor proceeded regularly, though slowly.

The child was born without artificial assistance at 9 o'clock in the evening (50 hours labor for this poor creature). Attempts for a good while were made to reanimate it by inflating the lungs, hot baths, friction, etc., but without effect. The heart could not be made to beat even once. Her Royal Highness continued well about two hours. She then complained of being sick at the stomach, and of noise in her ears. Began to be talkative and her pulse became frequent, but I understood that she became very quiet after this, and her pulse calm.

About half past twelve o'clock she complained of severe pains at her chest, became extremely restless, with

a rapid, irregular and weak pulse. At this hour I saw her for the first time, and saw immediately that she must die.

By dissection some bloody fluid (2 oz. perhaps) was found in the pericardium, supposed to have been thrown out in articulo mortis.

The brain and all other organs all sound, except the right ovary, which was distended into a cyst the size of a hen's egg.

The cause of Her Royal Highness' death is certainly somewhat obscure. The symptoms were such as attend death from hemorrhage, but the loss of blood did not appear to be sufficient to account for a fatal issue.

It is possible that the effusion into the pericardium took place earlier than was supposed, and it does not seem to me to be quite certain that this might not be the cause.

As far as I can judge, the labor could not have been better managed.

Signed,

JOHN SIMS.

Though parturition is a physiological act, yet by a thorough knowledge of the structure of the pelvis, the power of the uterus and the mechanism of labor, the practitioner will be qualified to act when the first is faulty, the second impaired and the third obstructed. The skilled practitioner familiar with the formation of the pelvis and with the mechanism of labor, may often, at the proper time, with a little address, immediately relieve the suffering patient, who is lingering in agony, while the efforts of nature is vainly attempting to do its work. But to wait for nature or a physiological result, the sluggish physician might wait till his patient expired, and then with

uplifted hands exclaim, "The Lord giveth and the Lord taketh away."

I will confess, that in cases of desperate appearance, nature does often successfully overcome the dangers that menace her. But to depend upon this is "trusting to luck." But the duty of a well-instructed and conscientious physician would be to triumph over the difficulties by the interposition of skill, and spare nature and the patient from the hazardous conflict and prolonged ordeal.

It may appear proper for us in many instances to be but silent, inactive witnesses of "nature's course," but it requires as much good judgment to determine when we should be so, as it does to determine when we should assist, or even *take the business out of the hands of nature entirely*.

Cases there are, where the woman is permitted to labor hour after hour, constantly expecting her deliverance, and as constantly doomed to disappointment; with no help offered her, but the old stereotyped injunction repeated again and again by the *all-knowing* midwife or *ignorant* doctor to "be patient" and "bear down"—and at last when apparent death awaits her, and aid of some kind becomes imperative; the sluggish doctor timidly applies the forceps as a last resort to save the lives of both mother and child. The child, if perchance it is not already sacrificed, is injured more or less (not by the forceps, but by the long and continued position and pressure, before the instruments delivered it) and it has an after struggle for health; while the mother experiences at best, a long and tedious recovery, to say nothing of the effect from contused and sloughing tissues, and its dreadful sequele?

The delay and reluctance to invoke instrumental

'aid, is oftentimes due to the old hue and cry of "meadleosome midwifery is bad"—a senseless tradition, a relic of the age of ignorance.

In behalf of suffering womankind, in behalf of a science that does not depend alone upon the powers of nature for its brilliancy or its usefulness.

In depreciation of all the dangers to which a prolonged and painful labor subjects her. For the sake of the women and the many bright and healthy infants unnecessarily sacrificed; I would plead for more universal and timely aid to suffering woman in the hour of her greatest need.

Who among us have not more than once, after having intelligently and skillfully applied the forceps and experienced the gratification of relieving the patient in a few brief moments, from what would have been a labor of many hours, not felt grateful to the science that taught us, and pride for the skill that has armed him with such invaluable power.

It is pleasant to note that physicians are becoming more and more convinced of the necessity for intelligent and skillful interference.

The earlier application of the forceps in many of the so-called "slow but natural labors," would undoubtedly have saved the lives of many infants reported "still born;" and from a long and imperfect recovery after childberth, many a noble woman whose life of disease and suffering dates back to the inactivity of her trusted physician.

When the early resort to artificial aid (as it is called) shall have become the rule instead of the exception, when intelligent physicians cease to boast that they "Let nature have its course;" apparently regardless to what that course may lead—then will the act of Parturition assume a far

less dreadful appearance to the females of our country, and one of the greatest causes to avoid pregnancy that is assuming gigantic proportions all over our land, will be swept away and the act of giving birth to a child, will be robbed of its dreadful horrors.

The intelligent physician of today, goes to the bedside of his suffering patient in the hour of her travail and of her dependence, with a knowledge of the extent of his resources, conscious of his powers and strong in their possession, he anticipates and prevents danger, is master of the situation, and with the aid of the science and skill which he possesses, becomes, not only the assistant of nature, but its master and director.

Meddlesome midwifery may be bad at times, but timidity and delay of intelligent and skillful assistance is worse.

If meddlesome midwifery has slain its thousands, has not "Letting nature have its course" slain its tens of thousands?

**SECRETARY'S REPORT--1896.**

JACKSONVILLE, FLA., April 21, 1897.

*To the Florida Medical Association,*

GENTLEMEN: Your Committee on the President's address and Secretary's report, the first relating to the Superintendent of the State Insane Asylum, and the latter to medical fees established by insurance companies, placed the matter promptly in my hands, and I had the circular letters issued and mailed to all of the doctors in the State as per resolution, page 27 of proceedings of 1896. The circular referring to medical fees was also sent to the President of the American Medical Association, to all of the State Associations, and was very generally taken up and discussed. The President of the American Medical Association in his annual address, called particular attention to it, and by the concerted action of the profession throughout the whole country, all of the insurance companies except the New York Life went back to the old rate of \$5.00 for each examination.

The New York Life still holds out, but as the majority of its old examiners have refused to examine for them on its graded fee bill, I feel that they will soon come into line. One thing may prevent it, and that is the acceptance of the plan proposed of the acceptance of the fee by the company, and to make the agent pay the balance. If

this plan is generally adopted, I think the agents will accomplish more than we have with this particular company.

The Forty-eighth Annual Announcement of the American Medical Association has been received. This is the fiftieth anniversary, and the meeting is to be held in Philadelphia, commencing June 1. Dr. H. A. Hare of Philadelphia is the Chairman of the Committee on Arrangements, and it is my desire that each delegate who is appointed and accepts would notify him as soon as possible, so arrangements can be made for his comfort and welfare. His address is 222 South 15th Street, Philadelphia. I issued the credentials to the delegates to the last meeting of the Association, hope some went and that we may have a report from some of them. In February I issued the usual circular to the Chairman of the various sections of the approaching meeting, and in March the annual circular. I have done all I could to induce the members to write papers, and am sorry that so few have responded to our appeals.

Respectfully submitted,

J. D. FERNANDEZ,

Secretary.

**TREASURER'S REPORT 1896.**

JACKSONVILLE, FLA., April 21, 1897.

DR.

|                                                            |           |
|------------------------------------------------------------|-----------|
| To Balance on hand last report at Sanford, April 10, 1896. | \$ 437 59 |
| To annual dues Dr. Andrew Anderson, '95 and '96 . . . . .  | 6 00      |
| " " " F. F. Smith, '95 and '96 . . . . .                   | 6 00      |
| " " " H. A. Coleman, '95 and '96 . . . . .                 | 6 00      |
| " " " N. A. Williams, '95 and '96 . . . . .                | 6 00      |
| " " " D. M. Echemendea, '96 . . . . .                      | 3 00      |
| " " " W. H. Cyrus, '95 . . . . .                           | 3 00      |
| " " " Geo. E. Welch, '95 . . . . .                         | 3 00      |
| " " " J. M. Jackson, Jr., '94 and '95 . . . . .            | 6 00      |
| " " " J. M. Jackson, Sr., '94 and '95* . . . . .           | 6 00      |
| " " " Chas. T. Henderson, '95 . . . . .                    | 3 00      |
| " " " G. H. Altree, '95 and '96 . . . . .                  | 6 00      |
| " " " R. A. Lancaster, '95 and '96 . . . . .               | 6 00      |
| " " " J. D. Rush, '96 . . . . .                            | 3 00      |
| " " " T. S. Anderson, '96 . . . . .                        | 3 00      |
| " " " C. B. Sweeting, '96 . . . . .                        | 3 00      |
| " " " J. B. Maloney, '95 . . . . .                         | 3 00      |
| " " " Orlando S. Clyatt, '96 . . . . .                     | 3 00      |
| " " " J. F. McKinstry, Sr., '95 . . . . .                  | 3 00      |
| " " " R. L. Harris, '95 and '96 . . . . .                  | 6 00      |
| " " " J. H. Hodges, '95 and '96 . . . . .                  | 6 00      |
| To annual dues Dr. W. B. Rush '95 . . . . .                | \$ 3 00   |
| " " " and int. fees " Urban S. Bird '96 . . . . .          | 5 00      |
| " " " " " W. L. Hewlett '96 . . . . .                      | 5 00      |
| " " " " " Jno. E. Hanna '96 . . . . .                      | 5 00      |
| " " " " " E. E. Jenkins '96 . . . . .                      | 5 00      |
| " " " " " T. N. Lewis '96 . . . . .                        | 5 00      |
| " " " " " G. W. Gatton '96 . . . . .                       | 5 00      |
| " " " " " Jerome D Brown '96 . . . . .                     | 5 00      |

|   |   |   |   |   |   |   |                                              |       |
|---|---|---|---|---|---|---|----------------------------------------------|-------|
| " | " | " | " | " | " | " | N De Vere Howard '96.                        | 5 00  |
| " | " | " | " | " | " | " | R. L. Bryan '96 . . . .                      | 5 00  |
| " | " | " | " | " | " | " | F. A. Bize '96. . . . .                      | 5 00  |
| " | " | " | " | " | " | " | Wm. C. Person '96. . .                       | 5 00  |
| " | " | " | " | " | " | " | Jas. D. Roberts '96. . .                     | 5 00  |
| " | " | " | " | " | " | " | T. P. Petty '96. . . . .                     | 5 00  |
| " | " | " | " | " | " | " | J. L. Horsey '95, '96 . .                    | 6 00  |
| " | " | " | " | " | " | " | R. A. Cloud '96. . . . .                     | 3 00  |
| " | " | " | " | " | " | " | H. H. Stebbins '95, '96 .                    | 6 00  |
| " | " | " | " | " | " | " | E. C. Atwood '96. . . . .                    | 3 00  |
| " | " | " | " | " | " | " | A. D. Williams '96. . .                      | 3 00  |
| " | " | " | " | " | " | " | C. Drew '96. . . . .                         | 3 00  |
| " | " | " | " | " | " | " | Neal Mitchell '96. . . . .                   | 3 00  |
| " | " | " | " | " | " | " | R. H. Dean '96. . . . .                      | 3 00  |
| " | " | " | " | " | " | " | M. Reichard '96. . . . .                     | 3 00  |
| " | " | " | " | " | " | " | E. T. Sabal '96. . . . .                     | 3 00  |
| " | " | " | " | " | " | " | W. R. Chalker '96. . . .                     | 3 00  |
| " | " | " | " | " | " | " | F. H. Caldwell '96. . . .                    | 3 00  |
| " | " | " | " | " | " | " | G. W. Lancaster '96. . .                     | 3 00  |
| " | " | " | " | " | " | " | Jas. Y. Porter '96. . . .                    | 3 00  |
| " | " | " | " | " | " | " | R. P. Daniel '96. . . . .                    | 3 00  |
| " | " | " | " | " | " | " | G. Troupe Maxwell '96. .                     | 3 00  |
| " | " | " | " | " | " | " | J. W. Douglas '95, '96 .                     | 6 00  |
| " | " | " | " | " | " | " | J. Harris Pierpont '96. .                    | 3 00  |
| " | " | " | " | " | " | " | F. D. Miller '94, '95, '96.                  | 9 00  |
| " | " | " | " | " | " | " | A. J. Wakefield '96. . . .                   | 3 00  |
| " | " | " | " | " | " | " | R. T. Walker '95, '96. . .                   | 6 00  |
| " | " | " | " | " | " | " | R. P. Izlar '96. . . . .                     | 3 00  |
| " | " | " | " | " | " | " | J. M. Jackson, jr. '96. .                    | 3 00  |
| " | " | " | " | " | " | " | W. H. Cyrus '96. . . . .                     | 3 00  |
| " | " | " | " | " | " | " | Geo. E. Welch '96. . . . .                   | 3 00  |
| " | " | " | " | " | " | " | H. K. DuBois '96. . . . .                    | 3 00  |
| " | " | " | " | " | " | " | S. Stringer '96. . . . .                     | 3 00  |
| " | " | " | " | " | " | " | J. M. Jackson, sr. '96. .                    | 3 00  |
| " | " | " | " | " | " | " | A. M. Stein '96. . . . .                     | 3 00  |
| " | " | " | " | " | " | " | F. G. Renshaw '93, '94,<br>'95, '96. . . . . | 12 00 |

\$712 59

## CR.

|                                                                            |          |
|----------------------------------------------------------------------------|----------|
| April 10, 1896. By Annual Salary Sec. 1895 . . . . .                       | \$100 00 |
| " Expense Treas. attending meeting at<br>Sanford . . . . .                 | 8 00     |
| " bill H. & W. B. Drew, Acct. Book<br>Treas . . . . .                      | 60       |
| " bill Stenographer . . . . .                                              | 15 00    |
| " bill C. W. DaCosta, letter-heads and<br>circulars . . . . .              | 10 75    |
| " Postage distributing circulars . . . . .                                 | 10 00    |
| " bill C. W. DaCosta, Annual Proceed-<br>ings . . . . .                    | 158 40   |
| " Postage distributing Proceedings . . . . .                               | 10 12    |
| " C. W. DaCosta, Postals for Chairman<br>of Sections and postage . . . . . | 4 15     |
| " bill C. W. DaCosta, Annual Circulars<br>announcing Meeting . . . . .     | 4 50     |
| " Postage on Circulars announcing meet-<br>ing . . . . .                   | 2 50     |
| " Envelopes for Sec. and Treas . . . . .                                   | 3 50     |
| " Postage Treas. collecting dues . . . . .                                 | 3 46     |
| " Postage Sec. Miscellaneous corr . . . . .                                | 2 00     |
| " Printing Legislative Com. and stamps . . . . .                           | 11 75    |
|                                                                            | <hr/>    |
|                                                                            | \$344 73 |

## RECAPITULATION.

|                                           |          |
|-------------------------------------------|----------|
| Balance on hand April 10, 1896, . . . . . | \$437 59 |
| Collections since . . . . .               | 275 00   |
|                                           | <hr/>    |
| Making Total . . . . .                    | \$712 59 |
| Less Expenditures . . . . .               | 344 73   |
|                                           | <hr/>    |
| Leaving balance on hand . . . . .         | \$367 86 |

J. D. FERNANDEZ, *Treasurer.*

### REPORT OF COMMITTEE ON ETHICS.

*Gentlemen of the Florida Medical Association:*

During the past year there has been reported and referred to the Committee on Ethics, five cases of violations of the code; two of this number was referred from last year, viz: the case of Dr. O. E. Worcester's appeal from the action of the Marion County Medical Society, and of Dr. W. B. Rush, charged with libelling a brother practitioner.

The new cases are: Dr. Theodore Turnbull, charged with public endorsement of a patent medicine (Johnson's Chill and Fever Tonic) and lending his name to secret nostrums; Dr. N. A. Williams, of Dade City, charged with advertising in the public prints, thus violating article 1, section 3, "Code of Ethics;" and charges against Dr. R. L. Harris, of libelling Dr. W. B. Rush. We would add that there is an additional charge against Dr. Rush of the "want of veracity and a disposition to injure members of this Association."

A majority of your Committee has spent much time and thought over these cases, and have gathered up what evidence was obtainable, and will proceed to take up the cases separately.

First: In the case of Dr. Worcester's appeal from the action of the Marion County Medical Society, we rec-

ommend that this case be remanded to the Marion County Medical Society for adjustment. If the Association wishes to hear the evidence upon which we base such a recommendation, the Committee has on hand enough evidence to consume several hours of your time hearing read the most unprofitable, unelevating character sketches ever collected. We will only add that we believe we have evidence, not before the Marion County Medical Society, which would doubtless have changed their action—evidence which we believe best for all parties concerned to leave in the hands of the Committee to be forgotten as soon as possible,

Second: In the charge against Dr. W. B. Rush, which we will bring under two heads—(a) libelling a brother practitioner, and (b) a want of veracity and a disposition to injure the members of this Association. Your Committee having no means at their disposal for traveling from place to place to obtain evidence, and feeling that there are members of the Association so much better acquainted with the merits of the case, request that the Association take up this case.

Third: Charges against Dr. Theodore Turnbull of violating paragraph 4, article 1, "Code of Ethics." He is charged with endorsing a patent medicine and owning "Turnbull's Cough Syrup" and Turnbull's Liver Pills." Dr. Turnbull's defense in both cases is that the offense was committed before he became a member of the Florida Medical Association, and while he was a much younger man than now, and that he was but following the example of other "honored members" of this Association. This last statement admonishes us that such violation should not go unrebuked. Dr. Turnbull's action is an example of the bad effect the want of discipline may have

upon professional dignity. Dr. Turnbull now promises to do all in his power to stop the publication of his endorsement, and upon his assurance that he has no interest in the Turnbull nostrums, and no power to change their name, we recommend that his offence be overlooked.

Fourth: Dr. N. A. Williams, of Dade City, is charged with being the original of this picture, (holding up a copy of the Pasco County Democrat) and a subject of the accompanying eulogies. The editor, Capt. Johnson, writes that they were certainly intended for Dr. Williams, but that he (Johnson) alone is responsible for the publication, as he published it without hope of reward.

This your Committee considers a gross violation of the "Code of Ethics" but Dr. Willinms will doubtless soon convince the Association that he is not to blame for the publication ; that he was not even an accessory after the fact, having bought up all the obtainable copies of this edition that he might destroy them. We will ask you to hear Dr. Williams at the conclusion of Dr. Rush's defence.

Fifth: A charge is brought against Dr. R. L. Harris, of Orlando, of libelling Dr. W. D. Rush. These charges the Chairman of your Committee has investigated since coming to Palatka, and found them without foundation.

Respectfully submitted,

R. A. LANCASTER, Ch'n.,

N. D. PHILLIPS,

JAS. M. JACKSON, JR.,

Committee on Ethics, Florida State Medical Association.

*Resolved*, That Dr. Worcester be informed that she must re-instate herself with the Marion County Society, and that failing to do so before the next annual meeting of this Society, she be requested to hand in her resignation to the Florida State Medical Association.

*Note*.—Code of Medical Ethics of the duties of physicians to each other, and to the profession at large, paragraphs 3 and 4 :

3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor, gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

## ON THE TREATMENT OF SOME FORMS OF JAUNDICE BY NITRATE OF SILVER.

Mr. President and Gentlemen :—

Murchison, a pathologist of high repute, cites six conditions productive of Jaundice :

1st. Obstruction by foreign bodies within the ducts, as gall stones and parasites.

2nd. Inflammatory tumefaction of the duodenum or duct.

3rd. Stricture or obliteration of duct.

4th. Tumors closing the orifice of the duct.

5th. Pressure on duct from without.

6th. Lowering of blood pressure in the liver, so that tension in the smaller ducts is greater than in the blood vessels.

To which should be added, disease in the liver itself, such as cirrhosis or atrophy, crippling or suppressing its functions. It is with the second and third of these that I shall tax your patience for a few moments.

It will be remembered that some eminent pathologists believe that bile is formed in the blood, and not secreted by the liver.

The function of the liver being to separate the bile

from the blood, as the separation of urea from the blood is one of the important functions of the kidneys; and if the liver, from disease, fails in the performance of this function, the symptoms of jaundice would result.

With this, and other forms of jaundice, I shall not occupy your time, as it does not come legitimately in the scope of this little treatise.

The symptoms of catarrhal and obstructive jaundice are well known. We have the orange-yellow or dark brown skin, sometimes preceded by malaise and some discomfort over the duodenum and duct, the conjunctive stained yellow and faeces clay colored or white, and as the bile is supposed to be the de-odorizing and anti-putrifactive principle, very offensive from its absence. The urine is almost red, and Gmelin's test of mixing equal parts of urine and nitric acid by its kaleidoscopic display of alternating colors of green, violet and red will indicate bile. *Generally* accompany or preceding this there is a foul tongue, flatulence, indigestion and preternaturally slow pulse and little or no rise of temperature. If there supervenes any inflammation, it is confined to a small portion of the duodenum and duct, where the duct enters into the duodenum.

This is the most common form of jaundice, and may cause death by Hepatic congestion, rupture of the gall-bladder, coma or convulsions.

It may be distinguished from organic disease of the liver, such as Cirrhosis and atrophy by the early discoloration of the skin, the gravity of the symptoms, and the presence of Tyrosin and Léucine in the urine in the latter.

The treatment generally applied consists of purga-

tives, particularly Cholagogues, Calomel, Rhubarb, Podophillin, large draughts and enemas of warm water, soda water, aerated water, blue pill at night with salts, Hunyadi or Rubinet water in the morning, Phosphate of Soda, Benzoic Acid 15 grains in full three times a day, Leeches, and warm applications to the abdomen, etc.

In June 1892 I was called to see T. F. A., gentleman at one of our boarding houses. His skin was of a dark yellow hue, eyes yellow-white with offensive actions from the bowels, urine red in color, temperature normal to the touch, pulse a little below normal. Ordered Hydrg. Chlor. Mite. Pulv. Rhu. aa grs. x. in two capsules, interval two hours, a laxative water in five hours.

The bowels acted, but no bile in the stool. About the 4th day of his attack, in mentioning this case to my friend Dr. Sabal, he suggested one grain doses of Nit. Silver every 12 hours in the following: Argent Nitratis crystallized, grs. xx, Pulv. Rhu.  $\frac{1}{2}$  dr 1, 20 pills, one (1) every 12 hours.

Three days after, under a gentle laxative, bile appeared in the stools, the complexion assumed a healthy appearance, and he speedily recovered—frequent purgations I had abandoned, as it adds to the irritation.

1886.—J. H. D., symptoms similar, skin a brighter yellow, urine loaded with bile, eyes yellow, gave calomel and soda, no bile in actions. Phosphate soda, no improvement. Gave Nit. Silver on *empty* stomach. It is important that it be given on an *empty* stomach, and the pills are placed in capsules. In a few days symptoms abated, bile appeared in the discharges, and he made a speedy recovery.

1888.—Immediately after our so-called epidemic of Yellow Fever, H. Smith came to me for treatment from another city. Had been jaundiced for two weeks, and treated for Yellow Fever, and then for jaundice.

You will remember that in Yellow Fever bile is seldom or ever found in the intestinal canal. He had taken Calomel and Rhubarb, and other medicines with no improvement. Gave him one grain doses of Nit. Silver. In three days gave Cal. and Rhubarb, followed by oil. No bile appeared in the actions—they were still of a gray color. Gave Nit. Silver four days longer—the inflammation had subsided, the bile flowed into the intestines, appeared in the stools, and he went on to a speedy convalescence.

I will cite but one more case, that of a gentleman at one of our large hotels, a banker from New York.

He had a little feeling of discomfort in hypochondriac region and indigestion, furred tongue, skin and eyes just beginning to turn yellow, and had taken Phosphate of Soda by the advice of a good physician. Gave Nit. Silver, one grain every 12 hours with Pulv. Rhu. He began to improve in three days, and continued to do so.

I have reported these few cases to show results of treatment. In conversing lately with my friend Dr. Sabal, who seldom gives us the benefit of his experience. He says he also has a record of a number of cases of Catarrhal Jaundice which have yielded to Argent. Nit., and that he has found that  $\frac{1}{2}$  and  $\frac{1}{2}$  grs. give equally good results.

The Nitrate of Silver, be it remembered, should always be given on an empty stomach.

Whether the result is Post or propter hoc I do not

know—I do know that the result was favorable.

An exceedingly intelligent physician, and highly valued friend, remarked in commenting on this treatment, that he could not see how its healing effect could reach the parts effected.

Just after, and in the later years of the war, chronic dysentery was the scourge of the army. I had a man, my provider, who was versed in chichanery; but our Colonel who was a poor lexicographer, or rather philologist, and whose discernment had become so blunted that he could no longer recognize a fowl that roosted low and a predatory hog as *synonamous* and identical with venison, caused me to live for nine days on hard corn and maypops. This experience of others induced severe attacks of dysentery that became chronic. I used Nit. Silver to great advantage. The point of inflammation in these cases, (the rectum,) is more remote from the stomach than Juandice.

We used Bismuth and Arsenite of Copper in intestinal troubles, remedies of a similar nature with good results.

I will also add that it is held that a medicament that effects the point of entrance of a sac or of a duct will also medicate or extend its influence to the organ itself.

R. B. BURROUGHS,  
Jacksonville, Fla.

## ANNUAL ADDRESS.

### MEDICAL PROGRESS.

#### AS INFLUENCED BY OPPOSITION.

The subject of this paper is Opposition, especially its results, as observed in the progress of the science and art of medicine. But it is unnecessary that we confine ourselves to a medical view of the subject. During every day its influence may be observed, if not experienced. And how various are its results. We have seen people driven to despair, even to the extent of self-destruction, by blind, ignorant opposition. People who stood ready to bless the world with the fruits of their genius, but who died, crushed by neglect and contempt, and the consciousness that those who spurned them, and not they themselves, were most injured. Such a predominating consciousness of one's responsibility to his day and generation may not possess every man, but some it does, and the world does not always recognize them, nor hardly realizes what it has done when it has quenched such a spirit. The path of advance is strewn with the remains of those who have succumbed to the pressure of a force greater than they could endure.

The history of the political life of every people is largely a record of apparently fruitless effort of a few against the resistless inactivity of the many. Every dif-

ference, insignificant or of international importance, is an instance of the generality of our subject. In every contest are represented two sides, both right to a certain extent, and the champions of one side must fail. Every war represents the sacrifice of lives and principles to a superior force. It is unnecessary that there should be any right in such cases. Both sides may be admitted to be wrong. But when an individual's allegiance has been won, the fact becomes apparent that he is working for a purpose, which, for the time, may mean everything to him, and that his failure or success has a significance of its own, independent of extraneous circumstances.

Our every day business life shows the same conditions. It may not be amiss to suppose that every improvement in detail, every advance in method, represents the life work, and may be the apparently unsuccessful life work of a man. The list of business failures in any of our great papers is an instructive but melancholy illustration of our subject and its results. A most important part of our business world is represented by the mechanical arts and sciences. In this particular branch of work, opposition, may, to a great extent, be defined as being ignorance or physical law as it is observed in the various materials with which mechanics have to do. In other fields, ignorance of human nature constitutes a large proportion of the opposition which is encountered. In no other department of our industrial world has there been greater improvement, showing a corresponding activity. Our patent office is deluged with devices of every conceivable description. Many a man has spent his life in trying to prove to the world the value of his idea or design, and given up in discouragement, when he was right.

The history of religion probably contributes more instances of apparently fruitless effort than any other subject at our command. So accustomed, at times have devout people become to doubt and opposition, and their results, oppression and wrong, that they have attempted to find virtue in necessity, and pleasure in their trouble. Hence we find fanatics glorying in tribulation, not from high and pure motives, but from the delusion that there is virtue in suffering, independent of the high principles which may at first have led to it.

In the history of medicine we see that great achievements have been preceded by great sacrifices. Only great men are capable of great sacrifices, and yet such men are not always recognized. Men have striven in obscurity and neglect, and have succeeded in sowing a harvest to be reaped by others. But our profession is not behind others in recognizing the merits of its deserving members.

The efforts of Hippocrates, Aristotle, Galen, Vesalius, and other patriarchs in medical history have received ample recognition. Their difficulties were such as few of us can comprehend, and their achievements are justly regarded with veneration. Harvey's trials and discouragements have given to his discovery and added brilliance. The glory of Jenner's achievements is not lessened because we know that while he was working to convince people of the great value of his gift to them, he was the most abused man of his time. Abdominal surgery owes, in great part, its present development to the impetus given it by McDowell, who operated under unique and dangerous conditions. We are told that ignorance and prejudice threatened his life.

To Sims we owe an important surgical operation, and the subsequent impulse given to that class of work. In his book he tells us of his work, pursued under difficulties and against opposition, apparently sufficient to discourage him.

Pasteur, thinking and working independently of precedent and careless of ridicule, gave us bacteriology, a science which is taking an important place in relation to every department of medical and surgical work.

But it is unnecessary to enumerate at greater length. The instances given suffice for our purpose.

An effort has been made to keep in view the fact that the various instances of progress noted have encountered opposition and repulsion. These isolated facts have been used to indicate an universal condition, a fundamental truth. Since we have to do with a condition which, to a greater or less degree, affects each and every one of us, it will not do to try to explain it away. It is a ghost which will not down. It may be well to inquire why every new fact, every attempt at progress meet opposition, not only among the insignificant and irresponsible, but among the ablest, the most progressive men.

In the first place, it may be repeated that there are two aspects to every proposition. Every fact, every circumstance, has associated with it modifying conditions which make a plausible, positive, or negative argument possible. By keeping this point in view while studying a subject important errors may be avoided.

Opposition may be included in two classes: Reasonable and unreasonable. Unreasonable opposition may be disposed of in a few words, as being due to either jeal-

ousy or ignorance, or both. For our purposes it is unnecessary to inquire into these causes. But the other kind of opposition, reasonable opposition, merits our attention.

The most probable cause of reasonable opposition is a natural hesitation to adopt every novelty which may be presented. This hesitation is the result of our experience. Repeated disappointments in ourselves and others, warn us to make haste slowly. A famous lyric poet is credited with saying in his haste: "All men are liars." While we may hesitate, for personal reasons, to accept so radical a statement, it is astonishing how many such people we meet. Two instances will illustrate the idea as it is sometimes observed.

At a meeting of prominent surgeons, one described an operation which he had performed, laying stress on a particular detail, to emphasize which, he presented a specimen which he had removed. On inspection the specimen was found to be deficient in this very matter, thereby making the operator unpleasantly conspicuous, though the point was of minor importance.

Another instance illustrates the point in view under different circumstances. A surgeon while visiting the hospitals of our large cities, saw that the reports sent out from a certain institution were uniformly false. In these reports no reference was made to mild cases of sepsis, or other such complications following operations, thereby rendering their records of no value to those who might be working along similar lines.

In these cases, the errors, one unintentional, the other intentional, were made by men of acknowledged ability and high position. No reference is made in this con-

nexion to individuals whose countenances adorn the advertisements of cure-alls in the secular press, or to persons whose signatures are appended to eloquent testimonials to the definite effects of indefinite nostrums. Such facts make thinking people slow in reaching conclusions. In the medical profession this amounts to a conservatism which no man's authority is sufficient to break through. Positive proofs must accompany every claim to consideration. Herein is one of the most efficient barriers against fraud. The consciousness that every detail will be sifted, criticised, examined, misconstrued, forces a man to do this for himself, whether he will or no. And in doing this, he works, laying the foundation of all excellence. Were it not for this conservatism, every medicine vender, every theorist, would have only to present a nostrum or an hypothesis, to receive universal recognition and endorsement.

As a modification of this hesitancy in accepting innovations, may be mentioned the fact that the simple presentation of a theory or an idea, stimulates opposition in some people. Having no knowledge nor clearly defined opinions concerning the point at issue they assume a negative position, which would seem to have been suggested by contact with the affirmative. Thus we see that either side of every question has champions, who appear to have been created by the emergency.

Another cause of reasonable opposition is found in the mental bias of every individual. No two people comprehend equally the same details when viewing a landscape or a proposition. Looking at a specimen of architecture, some may be attracted by color, its various combinations and general effect. Others may notice particularly the various details of form and outline. Others may

have a tendency to study the peculiar relations of parts to each other and to the whole. Still others may look past color, form and architectural effect, to the probable cost.

Every other person will not see a proposition as we see it. Every detail will have a different significance to every observer. One result of this fact is that this bias gives a direction to study and investigations which, if followed far enough, leads to an abnormal mental condition, absurdity. Perception is distorted. Facts are made to conform to our conceptions. That which is desired is seen. If a remedy is sought for a disease, it is found. When found, every sick person is seen to have this disease, and every recovery is credited to the remedy. The natural protection from this danger is that every one has the same complaint, to a certain extent, and, by persisting in riding his own hobby, limits the ability of any one to ride his hobby to his own, or another's hurt. As a result of this conflict of many opinions, truth is finally seen, and order arises out of chaos.

The different environments of individuals account for many differences of opinion. An operation or a therapeutic application, which may be a matter of routine hospital work, may be practically impossible under certain conditions. An attempt to use them results in failure, partial or complete. Want of success leads to discouragement and doubt as to the value of such measures. This may not be good logic, but it is a fact, as many of us can testify, and as such merits our attention. Facts are not disposed of by a comment of illogical.

Again, supposing that the conditions are practically the same, people have a preference for things to which they are accustomed. A surgeon performs a familiar op-

eration with greater dexterity and better results than the modification which another surgeon performs. A physician has better success with remedies with which he is acquainted by long experience than with the therapeutic suggestions with which medical literature abounds.

One of the most important, and probably least understood causes of differences in results, and consequent difference in conclusions, is in people. No two individuals are exactly alike, and yet individual differences are difficult of determination and interpretation. It is impossible to say that a certain disease affects an individual exactly as it did affect, or will affect, another individual.

There is a certain resemblance among the grosser details of disease which justifies a classification, but the more subtle points cannot be included in such a generalization. The fact that it is so little understood would indicate it as a most convenient shield for the errors of incompetence and trickery. But, because a fact may be misused, it is not to be taken for granted that it is of no use. Further study and investigation may throw such light on idiosyncrasy as to make it an important aid in medical practice.

If my propositions are admitted to be probable, it would appear that opposition is not altogether a thing of evil. Undoubtedly, in the practice of medicine, it directly accomplishes much good by protecting the profession and the public from imposition. This is only a negative effect. Its positive, or indirect results, are far more important and beneficial.

There are few things so stimulating, so inspiring, as opposition. Without opposition there would be stagnation. Ambition is its legitimate offspring. Were there

no resistance, no obstruction, there would be no honor, no applause. The great incentive to labor would be wanting. Duties would be performed carelessly or not at all. No one strives for what all may obtain. Difficulties surrounding an object enhance its value. In many instances the pleasure of overcoming difficulties, the consciousness of having accomplished something worthy of us, is a sufficient reward. The object sought becomes of secondary importance. We encounter opposition under circumstances which make it necessary for us to rise above ourselves to overcome it. By rising to the occasion we become better and stronger. We add so much to our mental and moral stature. To opposition we owe most of the great moral and intellectual trophies bequeathed to us by former generations. Some of them are evidences of that peculiar and obscure force known as genius. By far the larger number is due to the earnest, steady, enthusiastic efforts to overcome difficulties by representatives of that great mass of humanity known as "the people," "the common people," more correctly, the typical, the normal, the intellectually, morally and physically healthy people. People who have not been dwarfed by the demands of our social customs. These are they who are able to overcome difficulties.

Opposition presupposes movement. Not till a body begins to move does it encounter resistance in its progress. Insignificance attracts no notice no criticism. An intellectual or physical fact may be considered as stationary, inoperative until it arouses resistance. The lesson to be learned from this is so obvious that it is needless to enlarge upon it. It appears unfortunate that our ideas should prove faulty, our plans fail, under the rebuffs and discouragements of opposition. It must be unfortunate.

Our ideas are adopted, our plans laid, because they represent right to us. It is no small matter to know that our conception of right was wrong, even in an insignificant detail. The principle is the same, in great and small things. If we do our part well we cannot afford to ignore results. By giving them our attention, using them as object lessons, we may learn to avoid similar errors, and overcome similar difficulties, thereby appropriating the only good in a mistake.

In the instances of medical progress referred to each one was distinguished by an important characteristic; each one was a fact, an intellectual and a physical fact. The circulation of the blood, vaccination, bacteriology are no visionary theories. Investigation, study, examination, cannot destroy facts. The refining fire injures and destroys refuse, but not gold. The great workers in our profession try their facts with fire seven times hotter than they expect others to use. When they present an idea they feel that it can stand any test, for have they not used every test? If one has anything which will help to advance science and benefit humanity, the object of all science, let him prove it, be sure that it is something of value, not the premature fruit of a vain and indolent imagination. Knowing this, there need be no hesitation to present it because of expected opposition. If an idea is valuable, criticism will demonstrate it. Expecting discouraging resistance, it should be prepared for. Every possible contingency should be provided against, every fault and deficiency removed, and an idea, an operation, a therapeutic suggestion, presented, which will not need defense. Success may not come in a month, or a year, but facts, which are truths, will ultimately prevail, their success being, in a great measure, the result of opposition.

### AUTO-INFECTION.

READ BY B. G. ABERNETHY, M. D., TAMPA, FLA.

It is with a peculiar feeling of pleasure mingled with embarrassment and solemnity, that I undertake to read a paper before this intelligent and representative body of physicians.

Pleasant, although a stranger to almost every member of this Association, still I feel at home with you. You are my friends, we as a solid brotherhood dedicating our lives and our all to relieve suffering humanity. This cements us together.

With solemnity, because just two years ago, the great, the good, the lamented Wall, of our sunlit city of the sea, while filling the position that I now fill, was called from labor to refreshment by the great physician of the universe. Although gone he still lives in honored memory, and has left designs on the trestle board which if followed by us will tend to make us good, kind, true and beloved by *all* as he was. Here let us drop a tear and a sprig of acacia to his memory and proceed to our subject of

### AUTO-INFECTION.

If there is any word, or part of a word, that enters into the very central ideation of this day and generation,

it is that prefix *Auto*. We are listening to the thunders of war which have shaken Europe on the basis of Autonomy. We have seen dynasties crumble into ruin on account of Autocracy, and the modern system of medicine has taken the infection also. What is this Auto-infection of which, in these antiseptic and aseptic days, we hear so much? The word has been for a long time confined to the venereal infection; but of late it has taken a far wider range in the field of pathology. This has been caused by the rapid strides in the field of bacteriology, the principles of which have almost revolutionized the world of therapy as well as pathology itself.

There are four channels through which the metabolic processes of the organism are accomplished, and the arrest of function in any one of them may result in reabsorption of material not necessary for tissue building—indeed, destructive of tissue itself. Waste matter of the organism produced by the functional activities of life are far more poisonous than any extraneous matter that chemistry can produce. The kidneys, intestines, the skin and the lungs are capable of producing in the regular functional activities of the organism the deadliest of toxic agents. I doubt whether we should ever have waked up to the great—the vital physiologic and pathologic importance of this fact, had not the wonderful developments of bacteriology torn the veil from those hidden processes which have for ages baffled the theories of pathology and the dicta of chemistry.

When we come to analyze the relation to the organism, of ptomaines, leucomains and other numerous chemic derivatives from the fermentative processes of the body, we are brought face to face with the great—the stupendous problem of *cell-selection*.

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The leucocytes those vital units of the body, which like Leibritz's monads turn to the central sun of physiology to reflect its light and power—these independent wandering bodies, capable of living out of the blood current in which alone they are physiologic agents, when once they break through the walls restraining them, sweep through the organism as the swollen waters of the west are now bursting through the broken levees. Once out of the blood current they become factors of disease, and upon this rests the whole philosophy of *Auto-infection*. As Frederick Thomas, of Iowa, has tersely and truly said :

"Clinical observers have described the characteristic phenomena of various neuroses; also of organic nerve lesions whose etiology can only be ascribed to autoinfection or intoxication resulting from non-elimination of the products of metabolism, or the absorption of ptomaines arising from the action of the ever present bacteria on the accumulations of retained excreta in the alimentary canal."

Alienists have frequently called attention to the relation existing between a constipated or sluggish condition of the bowels and melancholia, dementia and depressed intellectual powers. It is the opinion which has been forced upon me by the experience of daily practice that the ptomaines or toxins and toxalbumins arising from bad digestion and faulty eliminations are greater factors in disease than has yet been stated by writers on this subject. Let us examine, for example, the liver, that great stock-exchange of the organism to which all nutritive matter must sooner or later report either by physiologic function to be finally determined by the clearing-house of the body—the spleen, or to be driven back upon its own

original channels of nutrition to poison and to destroy. The liver is not only a gland making a secretion out of elementary matters gathered by it from the blood, but it also is an *excretory* organ, and it is just here that the great trouble begins. The liver produces urea which is, or should be, excreted by the kidneys, for every physiologist knows this primal distinction between excretion and secretion, namely, that any excretory organ can perform vicariously the function of another. We can urinate through the skin, and we can perspire through the kidneys. Not so with the true glands of the body which operate singly no one even being able to manufacture the secretion of another. The bile which is essentially a secretion is also decidedly an excretion. The biliary salts are manufactured by the hepatic cells and do not pre-exist in the blood. The bile thus becomes a secretion ; but the constant and invariable presence in the bile of cholesterol classes it also with the excretions. With the exception of the venous blood, crystallin lens, spleen and liver cholesterol is found only in the nervous system which most physiologists recognize as the seat of its production. The blood loses cholesterol in passing through the liver, yielding it up to the bile. *Cholesterin* is converted into *stercorine*, in the intestines being thus normally eliminated. It may, and does accumulate in the blood. When the liver cells are deprived of their eliminating function giving rise to cholesteremia, a condition characterized by grave symptoms of a nervous character allied to those in uremia. This we believe to be the very *ultima thule* of Auto-infection, and we submit further that the structure of every cell and fiber of the body depends upon the quality and quantity of the material absorbed from the alimentary canal—an excess of food overwhelm-

ing the tissues, and a deficient amount lessening the energy of every organ. Toxic substances in the alimentary canal whether introduced as such or developed from fermentation or putrefaction deteriorate its structure and pervert its functions.

These we believe to be the fundamental principles of Auto-infection which may be carried out *ad infinitum* when applied to the pathology of specific diseases. So far as syphilis is concerned, the commonly accepted term of Auto-infection as applied to a peculiar phase of its pathology, we believe to be utterly unscientific. For the fingering of the vagina of an infected woman may produce a local absorption which transferred to another part of the body may infect the whole; but after all it is but an initial lesion, and not in accordance with the philosophy of Auto-infection at all.

We think we are on the right track to-day in following the oriflamme of Metchnikoff whose splendid theory of phagocytosis has done so much to enlighten the gloom of pathology. When we consider that we have in our organisms the elements of resistance to disease of every kind, we feel like falling on our knees and blessing the Creator for such a wonderful arrangement of function; but when we look through the big end of the telescope and see that these same little givers of life and authors of function can and do become the agents of death, we are forcibly reminded of unhappy Byron when writing from the bitterness of his soul he said with mournful emphasis:

“So the struck eagle stretched upon the plain,  
No more through rolling clouds to soar again,  
Viewed his own feather in the fatal dart  
And winged that shaft that quivered in his heart.  
Keen were his pangs, but keener far to feel  
He nursed the pinion that impelled the steel.”

B. G. ABERNETHY, M. D.,

Tampa, Fla.

### CEREBRAL SURGERY.

During the last few years the progress made in Cerebral Surgery is wonderful. It has been but a short while since the cranial viscera were certainly considered by all surgeons unapproachable by any surgical procedure except in those conditions impelled by traumatism, etc. Now the skull is widely opened ; hemorrhage and purulent accumulations are treated as in the other localities ; membranes are freely laid aside, meningeal spaces exposed, irrigated and drained ; convolutions are investigated, sulci-palpated, probes, needles, directors, bistouries are thrust deeply into the cerebral substances. Drainage tubes have passed from one side of the cranium to the other through the lateral ventricles, thoroughly irrigating the cavities, with success and relief to the patient. Tumors, blood-clots, abscesses, bullets, pieces of bone and other foreign bodies have been located and removed. There is only a small space at the base of the brain that is now entirely exempt from surgical interference. The frontal lobes have been explored to the anterior fossa with eye and finger, and Horsley has looked down upon the superior aspect of the foramen magnum.

It is my purpose in this short paper to avoid all technicalities and to free my words as much as possible from all embarrassing nomenclature. We are here ex-

pressly to make if possible some practical bearings upon the subject, without entering into detail or fine spun theories.

Lesions of the cerebral cortex may be divided into two kinds; the one produced by irritations, the other by destructive forces. A lesion, as you know, of irritation manifests itself by a hyper-activity of the cortical centres implicated. A lesion of destruction produces paralysis of functions.

A lesion of irritation of the motor zone will produce spasms, tetanoid contractions, tremors and convulsions in the periphery. Commencing first in the part corresponding to the initial cortical substance irritated, a lesion of irritation in the motor zone manifests itself by hyperesthesia within the sensory apparatus. Pain is a common symptom and mental hallucination is another.

A destructive lesion produces paralysis of functions and the first part paralyzed points to the center of initial lesion within the motor zone. A lesion primarily irritative, may become secondarily destructive; a point that requires no elaboration, for all are impressed with the fact of pathological conditions being progressive. A traumatic lesion may simply be irritative, giving rise to hyper-activities of greater or lesser degrees of spasm, tremor, or convulsions. It must be remembered in recent traumatism, part may be so depressed as to produce complete paralysis, yet not an immediate condition that necessarily produces destruction of the cortical centers. For instance, when a piece of bone is pressing down upon the motor zone, it may produce complete paralysis. A surgical procedure restores the parts by lifting the depressed bone; though if the injury has destroyed the cortical substance this may be irreparable.

Where a lesion of irritation precedes a lesion of destruction, it is well to take cognizance of what we call invasive symptoms. For instance, an individual has an irritation at the thumb center and has a localized spasm of the thumb of the right hand, but now the rest of the fingers become involved, then the hand and arm. We are confident that the trouble is progressive; the irritation is spreading rapidly to neighboring centers and the neighboring cortical areas, becoming thus involved; finding the invasive symptoms, we can track the destructive lesion and prognose our case. Tracing backward we are enabled to find the initial lesion when we understand cerebral localization.

Cerebral lesions present both local and diffuse symptoms. The local symptoms are circumscribed disturbances of mobility; exclude the peripheral casual factors, and we locate the lesion in the motor zone. In convulsions we must note the mode of their onset and the consecutive steps of evolution.

When commencing, as for instance, in a given finger or any peripheral area, we note that fact as our signal system which points directly to the primary seat of lesion. If in the sensory zone there will be a circumscribed disturbance of sensation of the special senses or special memories and there may be either lesions of irritation or lesions of destruction.

A localized cranial elevation of temperature indicates an active pathological process beneath the sensory area; the left side of the brain is nearly one degree warmer than the right, but an elevated temperature is a valuable indication. Diffuse symptoms rarely have much inter cranial mischief without physical phenomena. Headaches are

usual and often limited; vertigo is frequent; convulsions are common; coma is frequent; vomiting is common and peculiar, expressive and incoercible; optic neuritis may be found in a large number of cases; the cortical lesion giving rise to peripheral symptoms or tremore, abscesses, traumatism, inflammation, hemorrhage and Jacksonian epilepsy. Their differentiation is often apparent at a glance; sometimes they may be difficult to diagnose. Tumors are slow and insidious. The brain, as you know is tolerant of slow pressure and may accommodate itself to considerable misplacement, when slowly produced.

Abscesses are preceded by chills and fever and there may be purulent discharges from the nose and ears; pyemic symptoms may be present, usually rapid in development, accompanied by subnormal temperature.

The most important thing we should observe in operation upon the cranium is the locality. We must observe two large and important fissures, if we are not thoroughly familiar with these important landmarks, we might make a fatal mistake to ourselves and our patient. Remember the fissure of Rolando dividing the two ascending convolutions and the fissure of Sylvius that divides the temporal from the frontal and parietal lobes. These are important landmarks in cerebral localization.

Now, gentlemen, I think I have trespassed upon your valuable time too long already, though I hope you will bear with me a short time longer as I am anxious to report a case of cerebral surgery.

About two years ago, a stout negro that had been shot with a thirty-eight calibre pistol, was brought to my office, thought to have received a fatal shot. He was partially conscious. I was satisfied I could not operate un-

less he was perfectly quiet, though I disliked to give him an anesthetic under the circumstances, I took the risk and did so. After being anesthetized, I shaved his hair. Remember the bullet entered just at the root of the hair, to the right of the median line. I made a cross incision, dissected the flaps back carefully and found that the bones were badly broken; a piece of bone the size of a twenty-five cent piece had been driven by the bullet and was partially imbedded in the brain substance. After extracting the bone, I introduced my finger, locating the bullet, and of course, removing it. Though the bullet had not penetrated the brain proper, yet it had lacerated the membranes. I did not interfere with the membrane at all, but left them for nature to restore. After raising the depressed bones and trimming as nicely as possible, I took a syringe and washed out the cavity with hot water until the hemorrhage had subsided. I used as drainage tubes, hair from a horse's tail, of course, first submerging my device in hot carbolized water; then stitching my flaps back carefully, pouring fresh turpentine on the scalp, placed a bandage around the head and put him to bed with instructions. Gave him 10 grains calomel; grain one-eighth ipecac; grains five bi. cabb. soda. His nourishment consisted of soups, broth, milk, etc. He had fever for several days. Gave him nothing but anti-pyretics. Within three weeks he was able to drive a wagon.

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On the Treatment of Fractures of the Fore Arm with  
Special Consideration of Colle's and Barton's Frac-  
tures.

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For meeting Florida State Medical Association at Palatka  
April, 1897.

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*Mr. President and Gentlemen :*

I take pleasure in submitting for your consideration a brief paper on "The Treatment of Fractures of the Fore Arm with Special Consideration of Colle's and Barton's Fractures."

The question of the treatment of fractures will always command our attention. In proportion to other serious lesions, accidental in character, fractures take first place. They are of frequent occurrence in the practice of general practitioners and we should study to treat them skillfully. It is of the highest importance to secure to the patient a useful limb, and to save ourselves from law suits for damages.

I was lead to write on this particular subject by a remark made by a prominent surgeon of this State to the effect that "if he was going toward his office and should see a man going in ahead of him with a fracture of the fore arm he would feel like turning around and going

the other way;" and not this remark alone, but only a few weeks ago I was called on to remedy a deformity caused by a Colle's fracture which had been treated by a physician as a sprained wrist, a misfortune that should not have occurred. Certainly we are all liable to error and sometimes our best lessons are from the mistakes of others.

The two fractures to which I shall refer—Colle's and Barton's are described in nearly all the works on surgery. Colle's fracture first described by Colle's in the Edin Medical and Surgery Journal 1814, and Barton's by Barton of Philadelphia in 1838. In the former (Colle's) the fracture is usually transverse generally involving the radius alone sometimes the ulna as well and its most common seat is from three-fourths of an inch to an inch above the radio-carpal articulation.

In Barton's fracture the fragment is broken off from the margin of the articular surface of the radius, the fracture extending through the cartilaginous face of the bone and into the joint.

The character of the deformity in both cases is the same, and the treatment identical, but the prognosis as to complete restoration of the motions of the radio-carpal articulation is probably less favorable in Barton's than in Colle's fracture because inflammation of the joint is likely to be more severe in the former than the latter. (Of course where the line of fracture runs into the joints or synovial pockets the danger is increased.

This incomplete recovery is an important matter for consideration in the treatment of these fractures.

Not only do we often find marked deformity, but limited use of the hands and wrist with constant pain. These

accidents are generally caused by falls, the patient throwing the hands either forward or backward to catch ones self; consequently in addition to the ordinary fracture we frequently have impaction of the fragments, and it is sometimes a serious question—especially in aged persons—whether or not we shall use violence in restoring the parts to a normal position ?

I do not consider it necessary before this intelligent body of physicians to refer in detail to the many forms of splints and apparatus used for the relief of these fractures. They are valuable in proportion to the ingenuity of the surgeon applying them, and many are good ; but the greater question for us to decide is "whether or not we shall use passive motion as a preventive of ankylosis.

Hamilton—a great authority—advocated passive motion on the seventh day. Many eminent surgeons at the present time advocate passive motion differing somewhat as to the time it should be begun. My opinion, based however on rather limited experience, is that passive motion is of no advantage, and may do harm.

If the joint structure is not invaded perfect rest is what is required for satisfactory union of the fragments, and if the joint is invaded motion must provoke increased secretion of callous material whereas nothing is gained toward repair.

An argument recently advanced on the ambulatory treatment of fractures is that the motion favors increased secretion of callous. We all know that excessive secretion of callous thrown out about a joint is anything but desirable, and in my opinion favors what we try to remedy.

If for instance callous material has forced itself

through the crack of a Barton's fracture into the synovial pockets of the wrist joint—an effort at passive motion only disturbs and scatters what nature has wisely provided for the repair of the injury. What next happens? If the patient be in good condition more callous is thrown out to remedy this second injury, and so the passive motion must be kept up until nature, tired out, refuses to send any more material. Motion of a joint may be in this way secured, but deformity and enlargement will nearly always remain.

On the other hand, say we have the same case to deal with ; we carefully adjust the broken bones to a normal position and leave the joint perfectly at rest. What happens ? As always, nature goes to work to repair the injury. Callous material is thrown out between the fragments and into the joint. Nature, ever economical, finds no disturbance here, and as soon as there is material enough in place for repair of the injury, this secretion stops, bony formation takes place and union begins. With this change to bone cells re-absorption of callous takes place, and in due time a line only remains where quite a ridge of callous had been exuded.

This is certainly a reasonable theory and is borne out in practice. How many of us have seen during the repair of a fractured thigh a lump of callous half as large as one's fist disappear almost entirely after a good union of the bone had taken place. How then shall we treat these fractures ?

My plan is : First restore, by careful manipulation (under anaesthesia, if necessary) the fragments to a normal position. Certainly, if we do not begin well, there will be trouble ahead. With the fragments in position

wind the arm from near the elbow to the knuckles—leaving the thumb and fingers free—with a thick, smooth layer of absorbent cotton ; over this I put on a plaster cast and the work is complete.

If within 24 hours the hand should swell, or if the fingers are cold and blue, the cast is split so as to take off pressure, but allowed to remain, being held firmly in place with a roller bandage. After the first few days, if all has gone well, the patient is given freedom, and nothing further is done for five or six weeks. At the end of this time the cast is removed and the arm examined and washed. The patient having had, for five weeks, only the use of the fingers, is now given the use of the hand ; the plaster enveloping the hand having been cut away, the cast is again put on, still long enough to come down well over the wrist joint. This is left on two weeks, during which time I find the patient usually regains full use of the wrist joint, and at the end of which time my patients are discharged.

Within the last year I have treated two cases of Collis fracture and one of Barton's, all resulting favorably, which I will briefly report.

Case No. 1.—Mrs. A Tourist, aged 50 years ; fell forward from train steps to platform, throwing her hands forward to catch herself, sustained Collis fracture of right arm, hand, dislocated backward over radius and ulna—radius only fractured. When I arrived, found patient suffering great pain, arm much deformed and swollen. I proceeded at once, put her under chloroform, reduced the dislocation, adjusted the broken bone. My plaster outfit not being convenient, I put on well padded board splints, secured in place with strips of adhesive plaster and ap-

plied freely a lotion of amica and opium. On the fifth day, the swelling having subsided, I put on a plaster cast which never gave any trouble and was allowed to remain five weeks. At the end of this time, I examined the arm, found it doing well, and as the lady had to go to her northern home, she was discharged with the understanding that if anything went wrong, I was to be notified. Nothing further heard of the case and I am confident she has a good arm.

Case No. 2.—Miss C., aged 16, in walking down the gangway plank of a steamer, slipped and fell backward, throwing her arms behind her caught her weight on left arm breaking both bones an inch or one and a half inches above the wrist joint. Arm badly deformed, at a considerable angle, and fragments slightly impacted. She was brought at once to my office. I put her under chloroform even then I found considerable force necessary to reduce the fracture, dressing of cotton batting and plaster applied.

In the night I was called to her, found the hand swollen and she was suffering considerable pain. Cast was split over hand which with a small dose of morphia relieved pain and the next day she was feeling quite well. Cast giving no further trouble was left on five weeks. At the end of this time, cast was removed, arm found in perfect shape. At this time I gave freedom to hand by cutting off the cast, but replaced it with instructions to wear it two weeks longer. The result in this case is perfect. I saw the young lady a few days ago; it would take an experienced person to tell that the arm had ever been broken or where the fracture occurred.

Case No. 3.—W. E., Colored man, age d60, laborer, fell forward from a step ladder, caught on hands. Received

what he thought was a severe sprain of right wrist. Was sent to me by his employer who thought the accident might be worse than a sprain. Upon careful examination, I found crepitus and diagnosed a Barton's fracture. The man rather objected to the plaster cast, but I insisted and treated him as other cases outlined. He suffered considerable pain for several weeks which satisfied me I had taken a good course in his case.

In five weeks cast was removed, found some swelling about wrist joint, pain on attempt at motion, put plaster cast back and kept on two weeks longer. At the end of this time I took off dressing, wrist quite stiff, advised him to get back gradually to his work. At this time about three months after accident man is at his usual work with good use of arm and hand and very trifling deformity.

In conclusion, I wish to say that as a rule when called on to deal with a fracture of the forearm, even so slight in appearance, or a sprain about the wrist joint, we are on the safe side to put it up at once in a plaster cast which secures to the injured parts perfect rest. The arm can be carried in an ordinary sling and the patient goes about as usual.

In my experience there is no better treatment for fractures or sprains than long continued perfect rest and the plaster cast secures it.



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